



POP IT UP!

A Guide to Pop-Up Clinics for Family Planning and Sexual Health Services



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National
Family Planning
& Reproductive Health Association

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INTRODUCTION

Publicly funded providers are a lifeline to needed family planning and related preventive health services for people who are uninsured, under insured, ineligible for public programs such as Medicaid, or choose not to use their insurance due to confidentiality concerns. Unfortunately, not everyone can physically access these health centers. More than 19 million people who can get pregnant are eligible for publicly funded contraception but lack reasonable access to the full range of contraceptive methods. Roughly 1.2 million of these individuals live in counties without a single health center that offers the full range of contraceptive methods.¹ This lack of access goes beyond those living in rural and frontier health care deserts; people in urban and suburban areas may encounter barriers with traveling to a health center for needed services because of cost, inadequate transportation networks, and physical barriers. The greatest barriers to access fall disproportionately on Black, Indigenous, and other people of color, immigrants, LGBTQ people, people with disabilities, and young people.

Pop-up clinics—also known as intermittent or temporary clinics—present an opportunity for health care organizations to bring care directly into communities, extending the reach of their brick-and-mortar health centers. Pop-up clinics do not require upfront investments in office space or mobile health units, making them a cost-effective approach to increasing a health center's reach in areas with limited access to services. That said, the model is not without its challenges and costs. **This resource guide provides an overview of pop-up clinics for family planning and sexual health services and shares examples and lessons learned from providers already implementing the model on the ground.**



¹ "Contraceptive Deserts," Power to Decide, 2023, last modified April 24, 2023, <https://powertodecide.org/what-we-do/access/contraceptive-deserts>.

WHAT IS A POP-UP CLINIC?

Pop-up clinics can take many forms. Unlike mobile health unit-based clinics, which use the same physical space to deliver services from location to location, pop-up clinics set up at established spaces on an intermittent schedule that varies with community need and health center resources. Clinics may alternate locations weekly, return to the same space monthly, or tie their schedules exclusively to community events. Locations may be indoors (e.g., vacant retail spaces, community-based organizations, other clinic spaces), outdoors (using tables and tents), or a combination of both. Pop-up clinics typically set up in places frequently trafficked by priority populations, both to facilitate access and raise awareness of service offerings among people who might not be familiar with the health care organization. These organizations typically lean on community partners to make inroads in the communities where they set up shop, as well as get the word out about when and where the pop-up clinic will take place.

Some pop-up clinics are scheduled for one half or full day, while others offer services over several days or weeks. These clinics can be a one-time occurrence (“one-offs”) or established to offer services on a consistent schedule.

Pop-up clinics serve a dual goal for a health care organization: **(1) service delivery** and **(2) marketing and education**.

Service Delivery

The pop-up clinic model presents an opportunity for safety-net providers to meet priority populations where they are and provide them with the services they need. It allows providers to prioritize scarce resources, including grant funds used for staffing and supplies, on the people and places that need the most support. This strategy can be a critical first-line strategy for advancing health equity in communities that have been historically marginalized. Pop-up clinics address more than the transportation and cost barriers to accessing care at brick-and-mortar health centers. Some community members may prefer to access care in community-based settings rather than a traditional health center, due to distrust stemming from historical events, current biases, stigma, and perceptions of stigma. Pop-up clinics that are organized with the trust of the community and deliver services with a culturally competent staff also have the potential to address trust issues.

Areas with the potential for high traffic by priority populations may include:

- College or vocational school campuses (e.g., student union, cafeteria)
- Community centers
- Factories that employ workers at a low wage (e.g., manufacturing, packaging facilities)
- Community events (e.g., health fairs, street fairs)
- Grocery or big-box stores
- Local businesses (e.g., restaurants, barber shops, gas stations)
- Public housing complexes
- Public transport hubs
- Shelters and emergency housing centers
- Social service agencies
- Substance use treatment facilities



Though pop-up clinics can play an important role in expanding service delivery, health care organizations should manage expectations. Not every service provided in a brick-and-mortar clinic can be offered at a pop-up clinic; it will depend on its structure. For example:

- Pop-up clinics without access to a bathroom cannot offer urine pregnancy tests (UPTs) and, by extension, a first injection of depot medroxyprogesterone acetate (DMPA), or urine testing for chlamydia and gonorrhea. Lack of a bathroom also can limit the provision of services that patients typically use a bathroom before and/or after, such as Pap smears or IUD insertion or removals. These situations may be addressed with a little flexibility; for instance, partners at sites without a bathroom may be willing to provide patient access to a staff bathroom, or patients can be provided with a paper bag to transport urine to/from nearby public facilities.
- Clinics that do not have a foldable exam table with stirrups cannot offer IUD insertions; however, a health care provider still can provide Pap tests using a basic foldable exam table (without stirrups). In fact, not only is it effective for patients to place their feet flat on the exam table for a gynecologic exam, but some patients report that they find this position more comfortable and less vulnerable.²
- Locations with limited privacy (e.g., fair or community event, public transport hub) may only be able to provide patient education, navigation, and referrals. However, these types of settings can be another opportunity for creative problem solving—deftly arranged room dividers or curtains can offer privacy even in open spaces.

Even if an organization cannot provide comprehensive services at a pop-up clinic, there is significant value in the act of linking people to health centers for care. Research indicates that, even when only providing screening services and education, pop-up clinics can play an important role in reaching and educating the medically underserved.³ Working in conjunction with a brick-and-mortar site can ensure access to ongoing and regular services.⁴

Marketing and Education

Pop-up clinics are an excellent way to raise awareness and knowledge of a health center and its services. When considering pop-up clinics from a marketing perspective, an elaborate display is not necessary; what matters most is who will be representing the health center in the community. Staffing a pop-up clinic with individuals who are experienced in collaborative efforts and approachable is a strong word of mouth marketing strategy.⁵ With appropriate staff present, these representatives not only provide services and education, but they can also demonstrate the respectful, person-centered treatment that patients should expect to receive at the brick-and-mortar health center, fostering trust.

When done right, a pop-up clinic's reach extends well beyond the people seen on a given day. An evaluation of the long-term impacts of health fair attendance found that about 60% of people who engaged with staff had a subsequent conversation with others in their lives about what they learned at the event. This ripple effect deepens the reach of each event and is part of what makes community-based care so valuable.⁶

2 Dean A. Seehusen et al., "Improving women's experience during speculum examinations at routine gynaecological visits: randomised clinical trial," *BMJ* 333 (2006), no. 7560: 171-4.

3 Kate Murray et al., "The reach and rationale for community health fairs," *Journal of Cancer Education* 29 (2014), no. 1: 19-24.

4 Ibid.

5 Stephanie W. Y. Yu et al., "The scope and impact of mobile health clinics in the United States: a literature review," *International Journal for Equity in Health* 16 (2017), no. 1: 178-190.

6 Cam Escoffery et al., "Process evaluation of health fairs promoting cancer screenings," *BMC Cancer* 18 (2017), no. 1: 865.

GOALS & OBJECTIVES

A pop-up clinic's goals and objectives should drive the location, the services it offers, and its community partnerships. Accordingly, when identifying a pop-up clinic's objectives, a health care organization first should ask: **What will determine whether a pop-up clinic is a success?**

Marketing

- **Goal:** Increasing patient demand for services by raising awareness and knowledge of a health center and its services.
- **Measuring success:**
 - ☐ Number of marketing materials distributed
 - ☐ Number of exchanges with community members
 - ☐ Number of exchanges that resulted in a health center visit. Scheduling or intake staff at the brick-and-mortar site can ask new patients how they heard about the health center and offer the pop-up clinic as an option.
- **Additional considerations:** What constitutes a successful exchange between a staff person and passer-by? Health care organizations may measure success based on the number of verbal exchanges they have with passers-by, how many people pick up promotional items and materials, or a combination of both.

Education

- **Goal:** Increasing community knowledge of health topics [e.g., sexually transmitted infection (STI) screening, the full range of contraceptive options].
- **Measuring success:**
 - ☐ Number of educational materials distributed
 - ☐ Number of attendees at education sessions
 - ☐ Number of individuals that received personalized health education and information
- **Additional considerations:**
 - ☐ Is the goal to distribute educational materials (and answer questions), have a group education session, or speak one-on-one with passers-by about a health topic and their needs?
 - ☐ When a pop-up clinic delivers (individual and group) counseling/education sessions, is it seeking to document participants for grant reporting purposes? For instance, for counseling/education sessions related to family planning, a health care organization may assess success based on Clinic Visit Records (CVRs) submitted for its Title X grant.



Family Planning & Sexual Health Service Delivery

- **Goal:** Increasing access to family planning and sexual health services, with a focus on individuals that face systemic barriers to care.
- **Measuring success:** Number of patients served
- **Additional considerations:**
 - ☐ What medical services could a pop-up clinic offer? Whether and the extent to which an organization can offer medical services at a pop-up clinic depends on logistics, staff, and physical space available. If it aims to offer family planning and sexual health services, the space must allow services to be provided with sensitivity to patients' privacy and preferences.
 - ☐ When a pop-up clinic delivers Title X and related preventive health services, a health care organization typically will assess success based, in part, on the number of patients they serve and report for their Title X grant.

The most straightforward entry point into providing sexual health services is offering STI and HIV screenings, as these services do not require a physical exam and can be delivered by almost any team member [e.g., community health worker (CHW), health educator, licensed practical nurse (LPN)] that has received required training.

Some patients may be reluctant to access family planning and sexual health services because of mistrust stemming from the history and present-day reality of contraceptive services providers participating in coercive and unethical practices designed to limit the fertility of specific populations. By offering primary care screenings—essential services that are separate from reproductive health providers can begin to build trust with individuals who may be hesitant to access family planning and sexual health services.

Primary Care Screenings

- **Goal:** Building trust and relationships with potential patients by offering other essential health services, such as primary care screenings.
- **Measuring success:**
 - ☐ Number of primary care patients served
 - ☐ Number of primary care patients counseled on family planning and sexual health issues and services
 - ☐ Number of patients linked to family planning and sexual health services
- **Additional considerations:**
 - ☐ What other services might a community benefit from having access to?
 - ☐ A health care organization also may assess success based on the number of patients to which they provide any health service, such as primary care screenings. Though these services have no direct link to family planning and sexual health services—and consequently would not qualify as Title X visits—they are important in the context of primary care; and increasing access to them can improve community health and advance health equity.

In addition, offering primary care screenings (e.g., blood pressure screening, blood sugar testing) is an effective way to draw in individuals for a conversation and engage them as potential patients.

- ☐ Will the provision of some, but not all, screenings and services in a pop-up clinic impact a health center's quality metrics? It is possible that a health care organization will get dinged in their reporting systems [e.g., Health Care Program Uniform Data System (UDS) reporting] if they do not address all the performance metrics that are tracked for patient visits. An organization should be aware of the potential for shifts in its quality metrics and determine whether the benefits of offering services in pop-up clinic will outweigh any potentially negative consequences.

"As a Federally Qualified Health Center, you have to think about your universe of patients in UDS and how the bigger denominator will be impacted by a [pop-up clinic] patient that doesn't receive the gamut of services."

- SANTA BARBARA NEIGHBORHOOD CLINICS

It is important to remember that success may look different at every pop-up event an organization holds. A health center may typically serve 10-12 Title X patients at its pop-up clinics, but also have an extremely successful event by serving five patients with complex needs or beginning to establish trust with patients and partners in a new community. Success also may vary depending on the time of year, the amount of time and money invested in promotional efforts, and other factors.



KEY CONSIDERATIONS

While there are numerous considerations to explore when implementing a pop-up clinic, all begin with the aim of the event. Health care organizations must explore what qualifies as a success as a preliminary step.

It also is essential to speak with community partners about the idea, solicit their advice, and follow through before plans materialize. Trust with community partners is as important as trust with patients when building a community health program.

Issues to consider can be grouped into the following broad categories:

Events that fail to hit the mark may take staff time and resources away from other more impactful activities; they also may take a toll on a health organization's relationships with vital community partners.

Cost

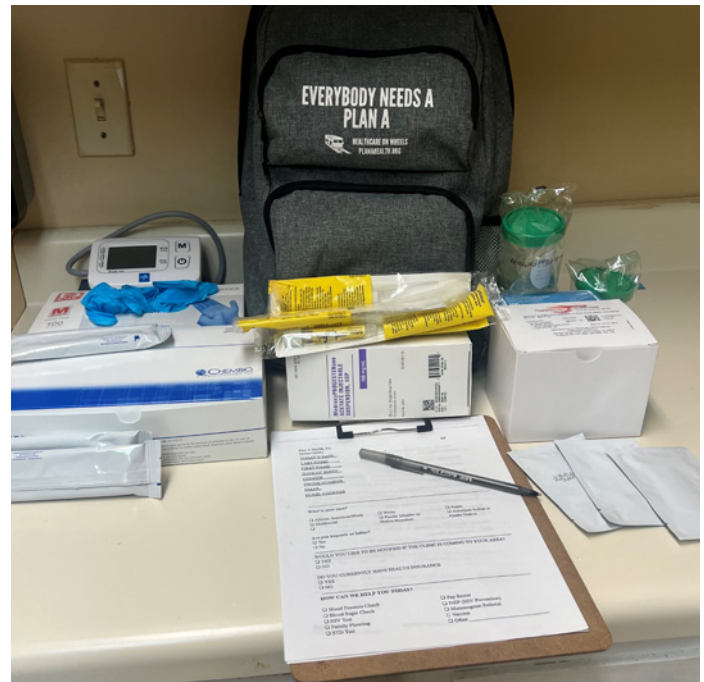
A health care organization's initial upfront investment in a pop-up clinic program will depend on its goals for the program and the services it wishes to provide. Unlike mobile health clinic programs, it is possible for an organization to start slowly and refine its approach without significant start-up expenses. The cost of promotional materials can vary. Some health centers make use of existing marketing and educational materials from their outreach programs and brick-and-mortar sites at pop-up clinics; others may opt to invest in more expensive promotional items and new marketing activities.

The cost of providing services at a pop-up clinic is similarly variable. For example, offering rapid HIV testing is a low-cost service with a supply expense of roughly \$15 per patient. If a clinic determines that their definition of success entails offering contraceptive services, then establishing a pop-up clinic program will carry a higher upfront cost, including the purchase of equipment and supplies.

Operations

While most states allow a health center's license and professional liability policy to extend to community-based settings, requirements can vary in some states. Before launching a pop-up clinic, the organization should consult its local legal counsel to determine whether a special license or insurance is needed to provide services outside of the brick-and-mortar health center.

Regardless of state policy, pop-up clinics will need a Clinical Laboratory Improvement Amendments (CLIA) waiver to perform point-of-care tests. Though the certificate used at the health center's brick-and-mortar site should extend coverage to community testing, the organization will want to verify that with their local CLIA Operations Branch. If a health center begins using different point-of-care tests at the



pop-up clinic location than at its brick-and-mortar site, it should be sure to add the new tests to its approved testing list prior to use.

Health care organizations also should consult local legal counsel to determine if there are any zoning laws or local business requirements (e.g., registration updates) that must be addressed before launching a pop-up clinic, as well as how it will align with their organization's Americans with Disabilities Act (ADA) compliance plan.

Staffing

When considering staffing, be realistic about the flexibility of the available team and the culture of the organization. A smaller staff means that everyone will be asked to complete "new" or different tasks. Before signing up to staff a pop-up clinic, team members should understand the multiple roles they may be asked to fill. To ensure that all staff have the knowledge and skills to step in as needed, at a minimum, every team member should receive a "crash course" in intake, patient screening, reporting processes, and how to engage with community members. This cross training is essential to ensure that, if one team member is missing, an entire event does not come to a halt. All staff members should be prepared to work at the top and bottom of their license and positions.

"A nimble staff and leadership that is willing to accept success and failure as a program finds its footing is critical to any new venture – pop-ups are no exception."

**- KACHEMAK BAY FAMILY
PLANNING CLINIC**

Flexibility also refers to an ability to work in different spaces, some of which may be makeshift, cramped, and not temperature controlled, and a willingness to serve all kinds of patients. The full range of resources at a large health center will not be available; for example, providers accustomed to using electronic health records (EHRs) may have to return to paper charts. In addition, everyone will need to lend a hand in setting up and breaking down the space. This kind of collaboration is not a fit for every individual and organization, so be realistic about current capacity and staff readiness to take on these roles.

BC4U is a Colorado-based organization that partners with health centers across the state that do not offer family planning and sexual health services to host pop-up clinics to young people in need of care. BC4U's model entails having a staff person on site perform urine pregnancy testing and urine and blood testing for STIs; patients then connect with a BC4U clinician as needed using the telehealth set up.

Who staffs the clinic depends on what the pop-up clinic seeks to accomplish, the practicalities of the space, and the expected patient load. If the primary focus of the event is marketing and education, it can have a significant impact with a folding table and talented, culturally competent CHWs, and a clinician in-person or on-call in case a consultation is needed. If the goal is to provide family planning services and bill for care provided, staff must include a provider with a prescriptive license.

Though clinicians usually are available on-site at a pop-up clinic that provides health care services, some organizations use a hybrid telehealth set up, particularly when there are concerns about stretching staff at the primary clinic center too thin. CHWs or administrative staff at the pop-up site can register patients, do in-person testing, and facilitate a telehealth visit, while a clinician can provide more comprehensive services remotely.

A pop-up clinic providing services should always have at least two staff members. A single person cannot answer questions, do intake, and provide services simultaneously, so having someone at the “front desk” is important to ensure that services are provided confidentially, and the patient-provider interaction is not disrupted by others.

Community Engagement

While a pop up may seem appealing in concept, that does not mean it is the right fit for a community. As with any new program, it is important to engage in conversations with partners and current and potential patients before investing time and energy. The successful implementation of pop-up clinics requires full engagement with and buy-in from the community throughout the planning process, and ongoing partnerships in each distinct neighborhood where health care organizations delivered intermittent services.⁷ Community engagement is critical for success—and that starts long before setting up a table.

STEPS FOR COMMUNITY ENGAGEMENT

- 1. Get out of the “brick-and-mortar” mindset.** Community engagement should take place outside of the walls of a health center, typically with partners that are not providers.
- 2. Approach the best-known community-based organizations in a community.** As a starting place, a health care organization should plan to approach entities with strong community relationships and ask them about potential partners (e.g., entities and spaces frequently serving or trafficked by priority populations). Do not assume that these entities are familiar with your agency or other local family planning and sexual health providers.
- 3. Engage community partners.** Partners are essential for spreading the word and increasing turn out. Health care organizations should cast a wide net when marketing a pop-up clinic, plus seek out two or three close partners (e.g., organizations, businesses, trusted messengers) that can help plan, including brainstorming potential challenges and how to address them. Have handouts ready to introduce the health care organization and the concept of the pop-up clinic. Prepare to ask and learn about community needs, which may or may not overlap with needs the pop-up clinic aims to address, specific issues to be aware of, and any recommendations. This is an opportunity to truly listen to the community—and accept that feedback may not align exactly with the original idea and plans.
- 4. Be ready to have several conversations.** And be ready to do the legwork to address the community partner’s questions, concerns, and requests.

When identifying partners, it is best to think outside the box. While natural partners include other service providers and community centers, consider any business or spaces that priority populations frequent.

When implementing a pop-up clinic, a health care organization should be sensitive to any specific cultural and historical considerations related to the provision of family planning and sexual health services in a community. Engaging community stakeholders and patients as key partners during the planning and implementation stages of a program will facilitate an understanding of the context in which it is being implemented.

⁷ Stephanie W. Y. Yu et al., “The scope and impact of mobile health clinics in the United States: a literature review,” 178-190.

Logistics

LOCATION

Ease of access and foot traffic are primary concerns when determining where and when to hold a pop-up clinic. While marketing is essential to spreading the word about the location and date, passers-by are an essential part of this model. Health care organizations need to be thoughtful about what sites or existing events will expose a pop-up clinic to its target audience. Set up in a well-trafficked location that also has space set aside for confidential services is recommended. The time of day should also maximize community awareness and interaction.

LOCATION, LOCATION, LOCATION. A big box store may be packed on a Sunday but not see much foot traffic on a Tuesday. A student union can be a great choice for a Wednesday afternoon, but, at the same time on a Friday, an event would miss many students. A downtown commercial area or park may be packed with people on the weekends, but virtually empty during the week. To maximize the likelihood a pop-up clinic will be successful, a health care organization should scout out not just the planned location, but also the day and time.

When providing any health services—but particularly family planning and sexual health care—privacy is of paramount concern. While a blood pressure test can be done at an open table, contraceptive counseling and STI and HIV testing require a confidential space. In a building, any small room will serve that purpose. In a more open setting, portable room dividers can section off a space for counseling and testing. The use of sound machines (preferably battery charged) or music can mask conversations and improve confidentiality.



In a pinch, two chairs in a storage closet can work to deliver sensitive services; however, wherever possible, all potential sites should be evaluated for spaces that can accommodate patients with disabilities. Consult local legal counsel about requirements.

SUPPLIES

Low-tech is key. During an event, there is no guarantee that staff will have access to working Wi-Fi or all necessary electrical sockets. With the right supplies, many Title X services can still be offered with this model:

- **HIV and syphilis testing:** Rapid point-of-care tests that do not require specialized laboratory equipment are available for both HIV and syphilis screening, with results in 15 minutes. Other than the test itself, the only supplies required are lancets, alcohol swabs, and hazardous waste/sharps disposal bins. Ideally, supplies should be available to do a confirmatory blood test for positive rapid tests; however, if not possible, patients can be referred directly to the brick-and-mortar health center or another nearby for additional testing.

If a health care organization plans to call in prescriptions to a pharmacy close to the pop-up clinic site, it can be beneficial to reach out to that pharmacy in advance of the event. Giving the pharmacy a heads-up that an influx of patients may be coming in for certain medications will help them ensure they have an adequate supply and order additional supplies if needed. The health care organization may also arrange to cover the cost of medications for patients who are uninsured, underinsured, or not comfortable using their health insurance coverage.

CLIA-waived point-of-care tests are easy to administer and read, but their use may have a learning curve. If these tests are not typically used at the brick-and-mortar health center, staff working at the pop-up clinic should set aside time to practice before the pop-up event.

- **Chlamydia and gonorrhea testing:** While all rapid tests for chlamydia and gonorrhea require specialized equipment, urine specimens collected and processed at a pop-up clinic are stable at room temperature for up to seven days.* Accordingly, the only supplies needed are urine specimen cups, paper bags, and a secure temporary storage space for specimens.

**Pending confirmation with a health center's laboratory services provider.*

- **Medications:** The distribution of prescription medications (e.g., contraception, STI management) at a pop-up clinic will depend on state pharmacy policies, the health center's pharmacy set-up, and 340B policies and procedures. Organizations should consult their local legal counsel for clarification on state pharmacy policies before distributing prescription medications outside of their brick-and-mortar locations.

The 340B drug pricing program provides discounted medications and supplies for eligible health care organizations, which can include pop-up clinics if the organization itself is eligible. Whether a health center must register a pop-up clinic site as a covered

The target temperature for specimens and most contraception and medications is 20° - 25°C (68° - 77°F) with an acceptable temperature range of 15° - 30°C (59° - 86°F).



entity (with its own 340B inventory) will depend on how often it operates and what services it provides. Generally, if events take place on an ad hoc basis, then an organization can use its brick-and-mortar site 340B inventory, provided that they continue to ensure that each patient provided with medications and supplies meets the 340B patient definition. To ensure compliance, their 340B policies and procedures must thoroughly document their approach.

Medications administered during the medical encounter (e.g., syphilis treatment, DMPA) can be distributed by providers on site. If the health care organization's state allows "mobile pharmacies" and staff are authorized to distribute medication, pop-up clinics can dispense contraception to patients to take home. Teams must be careful to log all medications that are checked out of their health center's pharmacy prior to a pop-up event, as well as what supplies are used and returned. Documentation is critical, especially when dispensing 340B medications. In states that don't allow mobile pharmacies, pop-up clinics can arrange to fill patients' prescriptions at a contract or in-house pharmacy (and mail the medication to the patient). They also can call the prescription into a local pharmacy. Because most local pharmacies are not certified as 340B contract pharmacies, it is important for health care organizations to determine prices in advance of calling in prescriptions so that they can accurately inform uninsured or underinsured patients about any costs. They also should confirm that the local pharmacies they use will accept insured patients' plans.

- **Vaccines:** Vaccine administration is possible with the right preparation. A heavily insulated cooler and ice packs can be as effective as a refrigerator in the short term. It is important to have either a cooler with a readable thermometer or a separate thermometer placed inside to monitor the temperature, which should be 2° - 8°C (36° - 46°F) for human papillomavirus (HPV) vaccines. Coolers can remain at an appropriate temperature for more than 12 hours, but it is important to regularly monitor temperatures to ensure that products are not compromised.



CHARTING & DOCUMENTATION

Whenever services are provided at a pop-up clinic, patients should be registered and processed as though they are visiting the brick-and-mortar site. When considering staffing, organizations should ensure the team includes individuals who know how to run this process. Pop-up clinics also should always have a backup plan to ensure full documentation. While many brick-and-mortar health centers currently use EHRs, a pop-up clinic can never count on reliable access to the internet while out in the community. Back-up paper forms and charts are a must. To keep papers organized and out of sight during the pop-up event, all staff should have either folders or clipboards with a storage area. A lockable briefcase to securely transport documentation to and from the pop-up clinic is critical to complying with Health Information Portability and Accountability Act (HIPAA) requirements and ensuring the security, privacy, and protection of patients' health care information.

Joining an existing health fair or community event is a less labor-intensive approach to offering community-based care and doesn't require that same time and resource investment to generate necessary buzz in a community.



Kachemak Bay Family Planning Clinic recommends that pop-up clinics also have a narrative notebook on-hand at events, not just to track statistics, but also to capture feedback from community members and partners, anecdotes, and insights about what worked well and what might require improvement at future events.

PATIENT FOLLOW-UP

The approach to patient follow-up for those seen in a pop-up clinic should be identical to policies at the brick-and-mortar health center—with one exception. While every organization undoubtedly prefers to continue care patients at their own health centers, this may not be feasible or desirable for the patient. Accordingly, staff should be aware of the safety net provider(s) nearest to the pop-up clinic location and be prepared to make referrals for follow up care. This kind of collaboration also is important for deepening the connection between the organization and other community providers.

Some patients may also choose to reattend pop-up clinics for ongoing services (e.g., screenings, refills). This is particularly true for people who become reliant on the convenient nature of the pop-up clinic's availability. Sending an email or text message to people who sign up for a mailing list notifying them of upcoming dates is important to keep people informed of when a pop-up clinic is returning to their community.



If possible, it is best to visit a potential location in advance to determine internet access options. Wireless "hotspots," either from an individual's cell phone or a portable one purchased directly from a mobile company, are good options if there is no local Wi-Fi source. It is important to remember that even the most expensive Wi-Fi set-up may not always work, especially in rural or frontier areas, so staff should be prepared to continue operations when Wi-Fi is down. When using a public or unsecured Wi-Fi source, health care organizations should use a virtual private network (VPN) to safely transmit sensitive patient data.

Marketing & Communication

Effective communication is essential for informing community members and partners about a pop-up clinic event. Many organizations successfully advertise these events using flyers and word of mouth, especially if they have strong community partnerships to lean on. Leveraging social and local media to spread the word also can be impactful, as can mailed postcards. Make it as easy as possible for people to support your outreach—provide partners with a handbook that includes assets, sample text, and promotional guidelines.

A health care organization should be prepared to modify its marketing materials (printed and digital) for each pop-up clinic, as it is critical for materials to resonate with community members.

Information to include in printed and digital materials:

- Event date, location, and time
- Services to be offered
- Nearby public transportation stops/stations or parking options
- Promotional items
- Health care organization name, website, and nearest brick-and-mortar site
- Contact person information for questions
- Information about community partners and/or donors sponsoring the event, if applicable



Marketing can be pricey. Pop-up clinics should be sure to investigate free and discount options. For example, Google provides nonprofits with \$10,000 in free advertisements through the Google Ad Program. Many companies offer discounts to organizations working to support the community.

MARKETING TIMELINE

Upon confirmation of a date and location:

- Post the event on the health center's website and social media (including ads), with date, location, and time prominently posted.
- Contact print newspapers, as their deadlines may require early submission.

Four weeks prior:

- If this is a new community: share a draft flyer with community members and/or partners for feedback; ask about what promotional items they would recommend ordering.
- Order promotional items.
- Print flyers, postcards, and any needed signage, which may include posters with directions.
- Request giveaway donations from sponsors, if applicable.

Three weeks prior:

- Deliver flyers to community members and partners for posting and distribution (if possible, pay these collaborators).
- Reach out to community partners: ask partners to advertise the event in newsletters, events calendars, and social media accounts and request civic and religious leaders to mention the upcoming event during speeches or sermons. To facilitate this, send sample text (a few examples) and graphics.

One to two weeks before event:

- Start posting about the pop-up clinic on social media.
- Begin running local radio and newspaper ads, if applicable, running them through the event's date.

- Contact nearby businesses as a courtesy and to address any concerns. These businesses may also be engaged as partners and help to spread the word, direct community members to the event day of, and/or lend resources (e.g., garbage disposal, electrical outlets, bathrooms for staff and/or patients, Wi-Fi service).

Seven days before event:

- Post or repost flyers in highly trafficked areas, including the location of the pop-up clinic.
- Add a banner or headline to the organization's website.

One to three days before event:

- Send a text or email to community members reminding them about the event; text messages are far more effective than email, as SMS open rates are greater than 95%, compared to 20% for emails.⁸
- Increase frequency of local radio ads, if applicable.

Day of event:

- Repost on social media, including live video, if possible.
- Print out a sheet for patients to sign-up for text messages and/or emails about future events.

After the event:

- Post a picture of the event on social media, but make sure to get express permission (and a signed media release) from any patients or community members in the photo.
- Send thank you messages to community partners, sponsors, and nearby businesses that participated in building a successful event.

⁸ Chris Pemberton, "Tap into the marketing power of SMS," Gartner, Inc., November 3, 2016, <https://www.gartner.com/en/marketing/insights/articles/tap-into-the-marketing-power-of-sms>.

PROMOTIONAL ITEMS

Confer with other organizations in the community about their most popular giveaways or talk to community members about promotional items they might want or need. For example, some pop-up clinics in the South have found foldable fans and cooling towels to be hugely popular items, while some in the upper Midwest found success with flashlights. Items like stress balls, foldaway tote bags, and travel first aid kits have universal appeal. Think strategically—ideally, promotional items will have a clear, readable logo or text section that prompts conversations in the community. Remember that larger items (e.g., water bottles) will be more challenging to transport to the pop-up event.



If the pop-up clinic is in a public place with community members of mixed ages, package condoms and lubricant and/or harm reduction materials discreetly in a bag. Be sure to keep those bags separate from the rest of the materials or with a marking that clarifies its contents to the rest of the team (e.g., different colored stickers).

Finances & Sustainability

REVENUE CYCLE MANAGEMENT

Charting and billing for services delivered at a pop-up clinic can mirror the processes used at a brick-and-mortar health center. However, an organization should confirm with all payers about any restrictions or requirements for using the organization or individual's National Provider Identifier (NPI) for a pop-up clinic.

As with the revenue cycle management process at a health center, a member of the pop-up clinic team must be responsible for completing and processing paperwork. As a first step, a health care organization should look at its standard practices for revenue cycle management and determine whether, how, and by whom each step might be implemented at a pop-up clinic.

The steps that it *may* consider mirroring at an event could include:

- Scanning health insurance cards
- Insurance verification
- Patient demographic data entry into the HER or practice management system
- Coding and charting
- Claims submission

If applicable:

- Sliding fee scale discount determination
- Collecting patient contributions and donations
- Providing receipts to patients

Some of the above steps in the revenue cycle management process could take place on-site at the pop-up clinic or in coordination with team members at the brick-and-mortar health center.

In the event it needs to shift to manual coding and charting, a pop-up clinic should have a reference sheet with CPT codes on hand. Every team member should be aware of what information and details to document in a paper chart.

SUSTAINABILITY

While pop-up clinics themselves can be revenue generating, they rarely cover all associated costs, particularly staffing. Furthermore, dedicating clinicians and staff to work at a pop-up clinic comes with an “opportunity cost” for the health center—in the form of lost revenue when removing personnel from a brick-and-mortar site. Before embarking on a start-up program, be sure to weigh the risks and rewards.

Many health care organizations find that their pop-up clinic programs only are sustainable if they allocate grant funds to offset costs. For this reason, health care organizations should keep things as lean as possible—start slow and build up.

The Virginia Department of Health (VDOH) tried offering pop-up clinics, but ultimately decided the model was not the best fit for their needs and current staffing ability – for the time being: “It was an exciting idea, but once it was coordinated and set up, there were not enough people who showed up for the amount of work it took.” Ultimately, VDOH leveraged the community partnerships established through this community-based work. Now, community partners have a direct line of contact with brick-and-mortar health centers when they have a person that needs to be seen.





CLOSING

Pop-up clinics present an incredible opportunity for health care organizations seeking to expand their reach in communities and areas that are under-resourced and face systemic barriers to care; but their implementation requires time, resource investment, and a bit of trial and error. Every organization that has implemented a pop-up clinic program has a story to tell about a day when few people were engaged or no care was delivered. It is important to remember that multiple attempts might be necessary for an organization to work out the kinks. The first time out may not live up to every expectation, but the model is an important strategy for meeting patients where they are – not where a provider wants them to be. In doing this, organizations can equalize access to high-quality, culturally responsive family planning and sexual health services and advance health equity.

CASE STUDY**BC4U – The Children’s Hospital Colorado****WHERE:** Throughout Colorado**AGENCY TYPE:** Hospital-based Ambulatory Clinic**POP-UP
MODEL**

BC4U provides family planning and sexual health services at locations that do not provide this care and/or in other community spaces in rural and frontier areas. Pop-up clinics have kiosks with iPads with telehealth functionality that connect patients 24 years and younger to offsite BC4U providers on demand for virtual visits. These kiosks play an important role at health centers that want to offer services to young people but lack a provider that is comfortable doing so.

Most pop-up clinic sites have at-home STI testing kits (with prepaid postage) available. Patients may collect samples at home and mail them to a private testing center and then follow up with BC4U. Some sites also stock other medications onsite for dispensing/administration by the partnering health center.

Providers regularly schedule in-person visits at 33% of the pop-up clinics for patients needing follow up care, including long-acting reversible contraception (LARC) insertions. In-person appointment days typically take place once a month and are scheduled only one month out.

Marketing is location-dependent, though BC4U commonly relies on community health workers (CHWs) and clinical staff at partnering health centers to spread the word and post flyers. Events also are advertised on BC4U's website and via social media.

SERVICES

STI tests and treatment, contraceptive services (including LARCs), pre-exposure prophylaxis (PrEP), emergency contraception, and pregnancy testing and counseling.

**COMMUNITY
PARTNERS**

Community-based organizations, youth centers, colleges and vocational schools, public health departments, school-based health centers, and community health centers.

FUNDING

While primarily supported by private foundation funding, BC4U also leverages the Children's Hospital Colorado's Title X sub-recipient funding to support pop-up clinics. BC4U opens a CVR for all eligible Title X visits (e.g., telehealth, in-person).

**LESSONS
LEARNED**

- Lean into existing partnerships and relationships to make connections and direct activities to where they are most needed for the greatest impact.
- Engage local legal counsel to create a contract template that can be used with all partnering health centers, including the specifics of compliance with Stark and anti-kickback laws and who pays for what supplies and resources.
- A mobile health unit may be necessary for BC4U to expand its reach to more community-based organizations. BC4U's local legal counsel determined that it could not operate pop-up clinics in spaces that do not meet ADA requirements for health care facilities, limiting its ability to partner in certain locations.

"Stay true to your "why" and be willing to compromise on process but not on mission, vision, or values. This will bring dedicated, likeminded partners forward and save both time and resources in the long run."

CASE STUDY

Community Health Prevention, Intervention, Education, & Research (CH-PIER)

WHERE: Greenville, Mississippi AGENCY TYPE: Freestanding non-profit

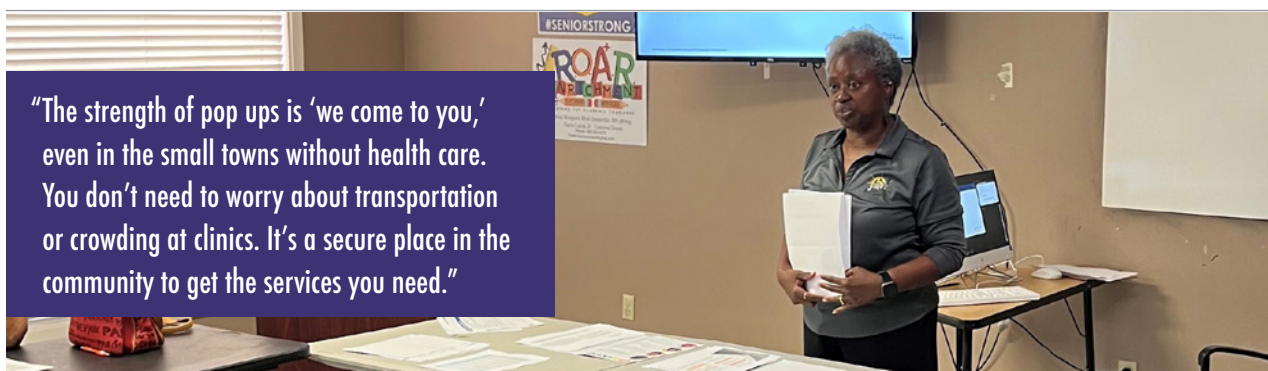
POP-UP MODEL Hosting outreach events and pop-up clinics in shared community spaces. CH-PIER markets using word of mouth, including through community leaders (e.g., faith leaders, local elected officials), billboards, flyers, and local and public radio advertisements.

SERVICES HIV testing, peer navigation for HIV-positive individuals, PrEP counseling and referrals, services for LGBTQ+ individuals, including support groups.

COMMUNITY PARTNERS Municipal events, college and vocational school campuses, health fairs hosted by community-based organizations, churches, and community centers. CH-PIER partners with prominent members of the community and organizations that have established trust, such as primary care providers and local health organizations. These trusted members in the health care field then connect CH-PIER with local and city leaders and health ministries: “[To make connections in the community], you need to find the gatekeepers first.”

FUNDING CH-PIERS receives private foundation and Centers for Disease Control and Prevention (CDC) funding, the latter of which is passed through the Mississippi State Department of Health. To facilitate grant reporting, CH-PIERS uses bar codes with unique patient identifiers. Patients may use this code to download forms and surveys; CH-PIERS uses these to track service use. CH-PIERS does not bill health insurance for services.

- LESSONS LEARNED**
- Make sure you have separate, private spaces for each client, as many people will not access services if they don't feel safe.
 - Hire peers that know the communities you are working in to facilitate access to priority populations and promote emotional safety for community members that may be reluctant to access services because of past experiences in health care settings and institutions and perceptions of stigma.
 - Forge relationships with navigators in each community to help connect patients to other health and social services. If possible, invite these navigators to attend or be on standby on pop-up clinic days in case there is a client that needs same-day linkage to services.



CASE STUDY

Santa Barbara Neighborhood Clinics (SBNC)

WHERE: Santa Barbara, California

AGENCY TYPE: Federally Qualified Health Center (FQHC)

"Access to care is key – 95% of the patients we see are low-income, undocumented, or unhoused. Intermittent clinics allow us to bring care to patients in their communities."

POP-UP MODEL Using lean teams of one clinician and one medical assistant, SBNC hosts pop-up clinics inside existing school- and college-based health and wellness centers, marketing via flyers and word of mouth: "We didn't want to reinvent the wheel or open a new clinic site. [Existing health centers] with the physical space just needed a person with the expertise [to provide family planning and sexual health services]." SBNC also hosts ad hoc events like STI Test-A-Thons on college campuses.

SERVICES STI testing and treatment, HIV testing, contraceptive services (including LARCs).

COMMUNITY PARTNERS Schools and colleges that offer primary care services, but not Title X services; college wellness centers, dorms, and student unions.

FUNDING SBNC is a Title X sub-recipient and uses grant funds to support pop-up clinic's operations. In addition, patients almost always qualify for Medi-Cal (Medicaid) or Family PACT, California's Medicaid section 1115 waiver program, which extends Medicaid eligibility for family planning services. In fact, SBNC has yet to serve a pop-up clinic patient that did not qualify for Medi-Cal or Family PACT. If this did happen, the patient would be eligible for discounts through SBNC's FQHC sliding fee scale.

Because SBNC hosts pop-up clinics with its Title X grant – as well as billing Medicaid for almost all services provided – documentation is key. SBNC uses paper forms and then enters data back at the brick-and-mortar health center (as opposed to using tablets).

- LESSONS LEARNED**
- Prioritize getting buy in from the community and "owners" of the space, most notably the principal in middle and high schools.
 - Organization before, during, and after the event is key – and this applies to everyone (not just clinical providers). The health care organization's central administration team must be part of the planning process.
 - While not necessary for compliance, tracking – for reporting, billing, reporting, quality improvement, and evaluation purposes – can be simplified by applying for new NPIs for each pop-up clinic site. SBNC also has separate 340B inventories at each site. Though these administrative processes are time consuming, SBNC found that they ultimately saved time.

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