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Continuity of Care and Economic Sustainability of Telehealth During COVID-19 Pandemic at a Student Run Free Clinic

Student Run Free Clinics (SRFC) were active in 75.2% of AAMC medical schools and involved 57.8% of medical students across all years, as of 2014. SRFC provide the only source of primary care to many of the most vulnerable patients in our communities. However, the Anne Kastor Brooklyn Free Clinic (BFC) was forced to shut down for 6 months during the peak of the COVID-19 Pandemic due to administrative concern for the safety of students and patients. Upon reopening of the clinic in September, we sought to ask what is the ideal way to rapidly adopt telehealth? Additionally, we asked what is the effect of a telehealth model on acute vs chronic chief complaints and operating costs in 2020? Data was gathered from the BFC EMR and detailed ledgers. Before reopening the clinic in September, we used a PDSA cycle to develop the following streamlined telehealth model using Zoom that involved only essential clinical volunteers: administrative officers (scheduling), nursing students (triage), MS3/4 pairs (H&P), attending preceptor, patient navigators (social needs assessment). In the 3 months (Jan-Mar) prior to the pandemic there were a total of 124 in person visits, including 35% new patients. Following the implementation of telehealth (Sept-Dec), there were 63 visits, including only 1 new patient. During telehealth, we addressed 25 acute concerns, most frequently STI testing (7) and MSK injuries (3), and 125 chronic concerns, most frequently HTN (29) and diabetes (13). Operating costs decreased by 47% during the Pandemic due to reduced hours for part-time social worker and administrative assistants and no catering for in person meetings/clinic nights, while medication costs were largely unchanged. In conclusion, this reflects a success of our telehealth model in delivering continuity of care for chronic illnesses, while cutting unnecessary costs. This should be considered during the development of a Hybrid model once the BFC is allowed to resume in-person visits.

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