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ABSTRACT

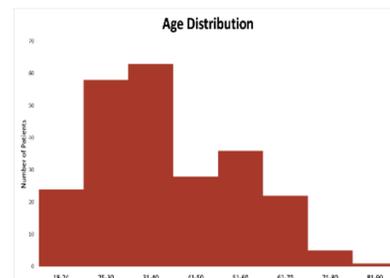
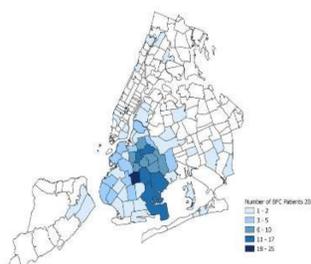
- The COVID-19 pandemic has forever changed the administration and management of healthcare.
- The Brooklyn Free Clinic (BFC) is a student-run primary clinic that serves uninsured adults in the greater NYC area. As such the BFC's patients represent an especially vulnerable patient population.
- Health care clinics such as the BFC have struggled to adapt in this new, socially distanced, healthcare environment. New initiatives aimed at providing healthcare and social support to such patient populations are required to meet the evolving demands of healthcare administration.
- The Hybrid Telehealth Model of healthcare administration has the potential to improve patient access and provider safety.

BACKGROUND

Free & Low-Cost Clinics Were Essential During the COVID-19 Pandemic

- Existing health disparities have been exacerbated by the COVID-19 pandemic, exposing the need to improve access to health care, especially in low-income and underserved communities.
- There are currently over 1,400 Free and Charitable Clinics/Pharmacies in the United States, these clinics serve nearly 2 million patients annually.
- 60% unemployed, 85% uninsured, and 64% part of a racial or ethnic minority (compared to 40% of the U.S. population).
- As of July 2020, 47% of free clinics registered with the National Association of Free Clinics (NAFC) were in the top 10 COVID hotspot states.
- When people lost employment due to the pandemic, they turned to the nation's free clinics, with nearly 75% of free clinics reporting an increase in appointment requests.
- As a student-run clinic, the BFC had to shut down in March of 2020, in accordance with the AAMC's instructions that all medical students be removed from clinical functions.
- On March 3rd, 2021, the BFC reopened its doors to see patients in person.
- Due to the stress of COVID nearly 20% of health care professionals have left their jobs.
- During the pandemic specialty referral service appointments were delayed or canceled.

Zip Code Distribution of BFC Patients in 2021



OBJECTIVES

- Restore clinic operations.
- Increase the number of attending physician preceptors
- Improve/restore specialty referral services at UHB.
- Improve/establish telehealth services.
- Expand ability to address social needs.

METHODS

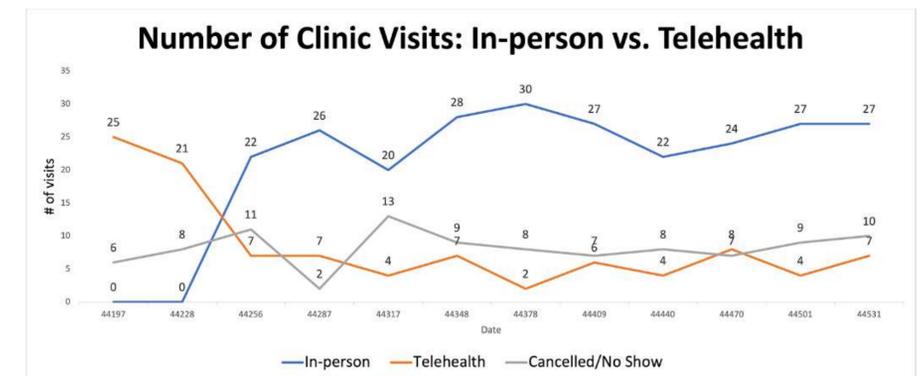
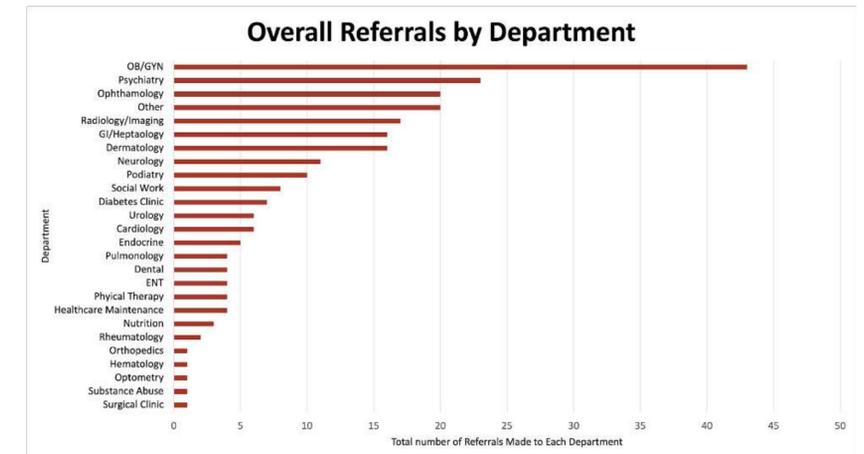
- Patient Needs Assessment
 - AAFP validated screening tool for social determinants of health
- Telemedicine
 - Initial visit via video or telephone
 - Telemedicine suite – licenses obtained through UHB
- Staffed reflective of local COVID positivity rate
- Generate billing codes for specialty services at UHB



RESULTS

- From January 2021 through December 2021, 238 referrals were made for 191 patients to specialty services.
- Throughout 2021, there were 358 patient visits
 - Telehealth: 101 visits, 28.2%
 - In-person: 257 visits, 71.8%
 - 216 unique patients

RESULTS



CONCLUSIONS

- Healthcare providers must remain flexible in uncertainty.
- Social needs assessments should be incorporated into primary care protocols.
- The Hybrid Telehealth Model of healthcare administration has the potential to improve and expand patient care, and provider safety.