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Utility of Student-Run Free Clinics for Underserved Individuals During COVID-19 Michigan Shelter-in-Place Order

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INTRODUCTION

- On March 11, 2020, the World Health Organization declared Coronavirus Disease 2019 a pandemic. Implementing public health precautions, Michigan Governor Whitmer issued a shelter-in-place order from March 24, 2020 until June 12, 2020.
- Cass Clinic, a student-run free clinic (SRFC) affiliated with Wayne State University School of Medicine in Detroit, Michigan, provides free healthcare to predominantly underserved populations.
- Cass Clinic remained open during Governor Whitmer's shelter-in-place order and throughout the COVID-19 pandemic.
- As an essential part of the community, it was critical that Cass Clinic continued providing services during the shelter-in-place order while ensuring compliance with CDC guidelines

PURPOSE

To understand the concerns of patients, how Cass Clinic can better serve patients, and patient access to healthcare during the COVID-19 pandemic, quality improvement surveys were conducted at Cass Clinic. The purpose of this study was to describe the utility of SRFCs in providing care to underserved populations during the COVID-19 pandemic.

METHODS

A mixed, open and closed-ended quality improvement survey was administered to patients who utilized Cass Clinic between the dates of May 2, 2020 and June 6, 2020. Qualitative analysis included descriptive statistics, while open-ended questions were assessed for common themes by three independent researchers.

Study Design

- Quality improvement survey consisting of open and closed-ended questions was developed to assess the utility of SRFCs during the COVID-19 pandemic
- Paper surveys were completed by patients at the end of their visit and responses were entered into a database

Participants and Criteria

- Patients who utilized Cass Clinic between the dates of May 2 through June 6, 2020 and who provided verbal consent were eligible to participate in the study
- Refusal to participate or prior completion of the survey were the only established criteria to exclude participants

Analyses

- Quantitative and qualitative analysis of the data using descriptive statistics and thematic analysis
- Open ended questions assessed for themes
- Zip codes analyzed

RESULTS

STUDY PARTICIPANT DEMOGRAPHICS

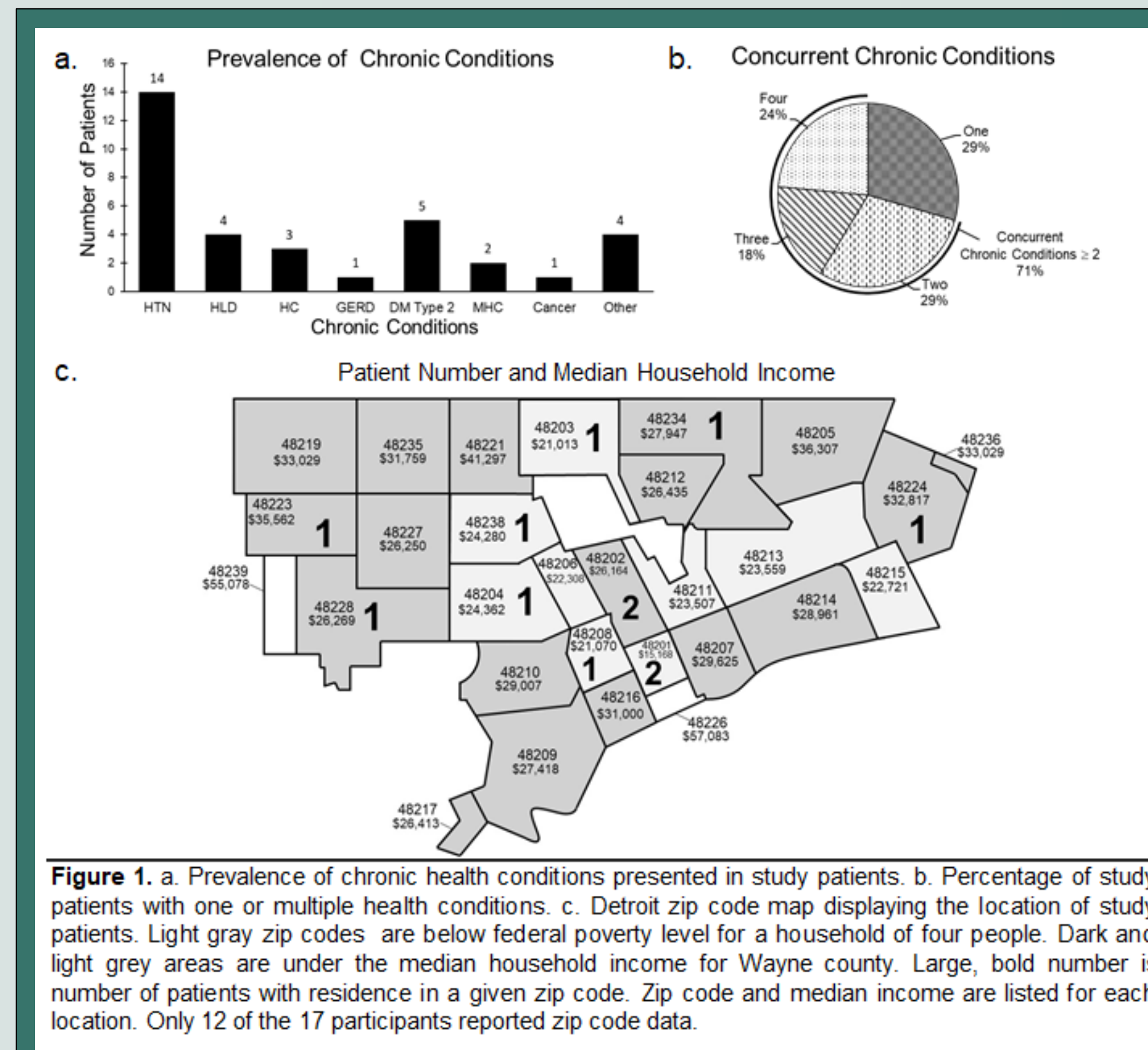


Figure 1. a. Prevalence of chronic health conditions presented in study patients. b. Percentage of study patients with one or multiple health conditions. c. Detroit zip code map displaying the location of study patients. Light gray zip codes are below federal poverty level for a household of four people. Dark and light grey areas are under the median household income for Wayne county. Large, bold number is number of patients with residence in a given zip code. Zip code and median income are listed for each location. Only 12 of the 17 participants reported zip code data.

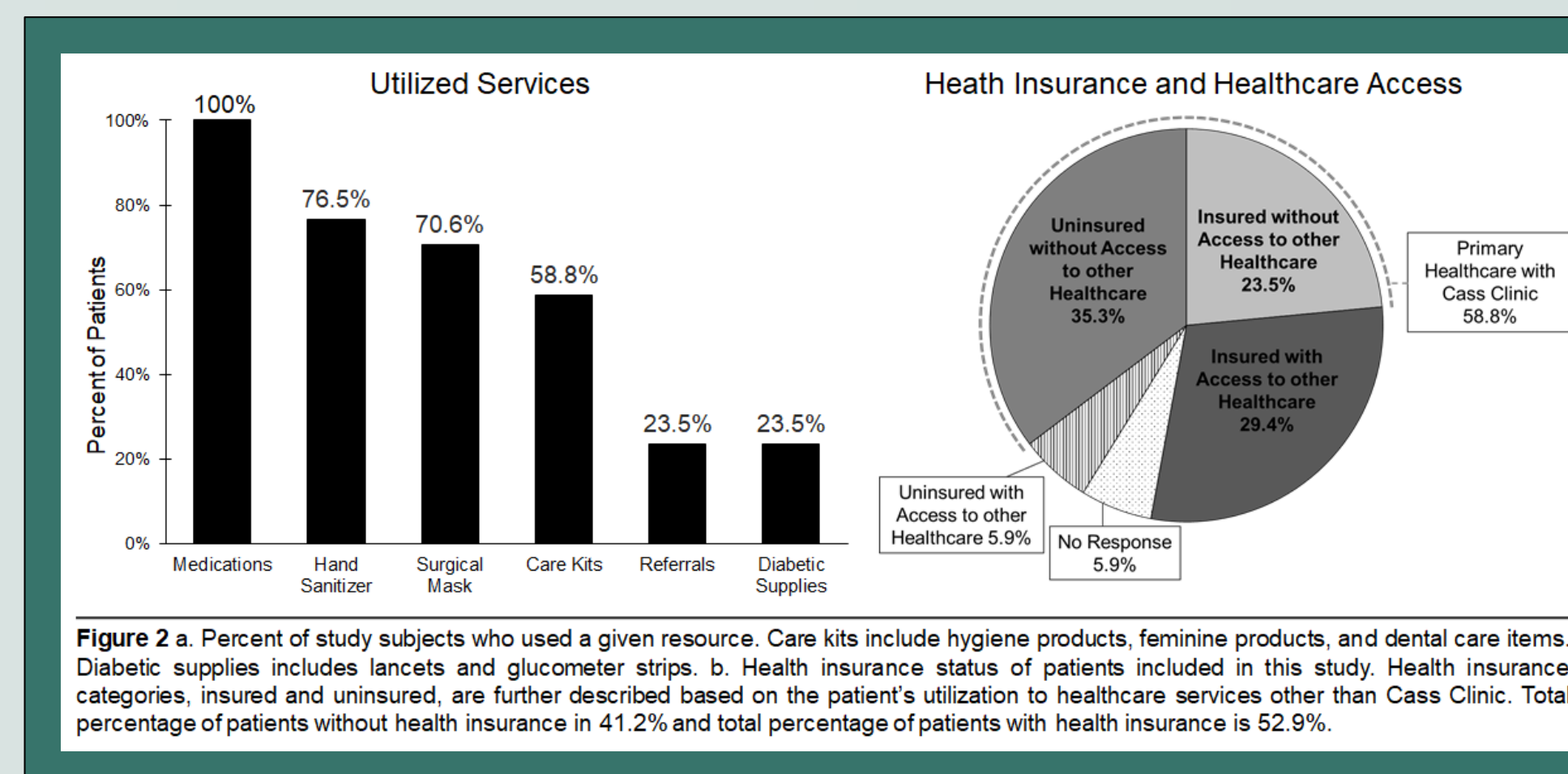


Figure 2 a. Percent of study subjects who used a given resource. Care kits include hygiene products, feminine products, and dental care items. Diabetic supplies includes lancets and glucometer strips. b. Health insurance status of patients included in this study. Health insurance categories, insured and uninsured, are further described based on the patient's utilization to healthcare services other than Cass Clinic. Total percentage of patients without health insurance in 41.2% and total percentage of patients with health insurance is 52.9%.

RESULTS

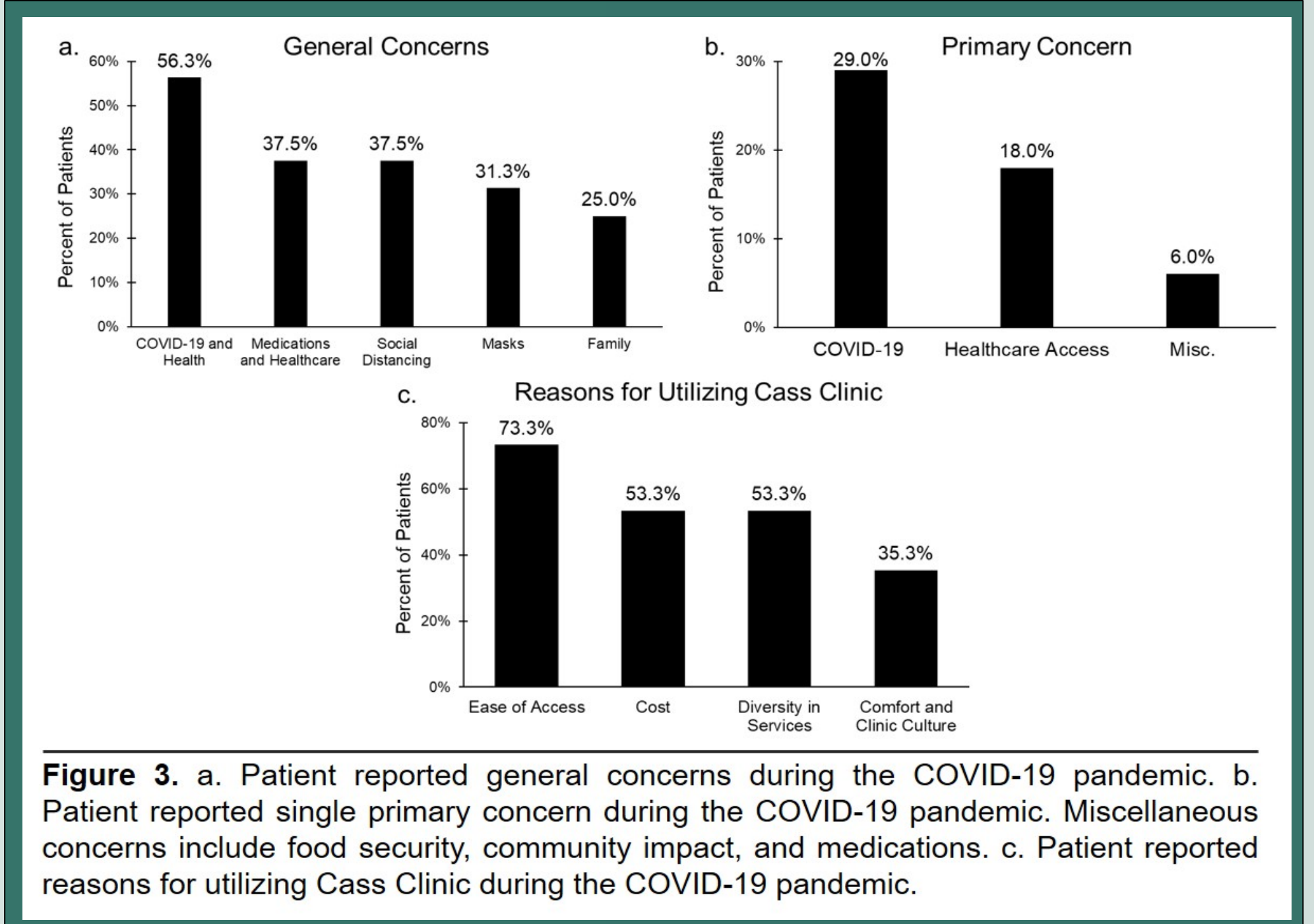


Figure 3. a. Patient reported general concerns during the COVID-19 pandemic. b. Patient reported single primary concern during the COVID-19 pandemic. Miscellaneous concerns include food security, community impact, and medications. c. Patient reported reasons for utilizing Cass Clinic during the COVID-19 pandemic.

CONCLUSIONS

Cass Clinic continues to serve a vital role to the Detroit community during the COVID-19 pandemic and demonstrates the importance of providing continuous, reliable, and safe healthcare. During the pandemic, medication dispensation and distribution of personal protective equipment have been crucial components of serving our patient population. From our assessment during the shelter-in-place order, we found that many of our patients' concerns about the pandemic were addressed by the services we provided. Finally, the use of SRFCs during the COVID-19 pandemic allows for medical management of chronic health conditions that can contribute to severe adverse health outcomes in those with COVID-19 infection, allowing other healthcare systems to focus on treating COVID-19 patients.

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