The Health Status of Patients at Tulane University School of Medicine's Student-Run Free Clinics in New Orleans, Louisiana

Presenting Author

Torrence Minh Tran, BA, Medical Student (MS3), Department of Medicine, Tulane University School of Medicine, New Orleans, LA

Co-authors

Christopher Briones, Medical Student, Tulane University School of Medicine/New Orleans, LA, Scott Gillet, Medical Student, Tulane University School of Medicine/New Orleans, LA

Background:

The need for student-run free clinics (SRFCs) at Tulane University School of Medicine (TUSOM) came about post-Hurricane Katrina in 2005 to fill a healthcare gap caused by the loss of Charity Hospital's 2,680 beds. The student clinic council (SCC) was formed to bring independent SRFCs together to strengthen the quality of the services each clinic provides. The SRFCs contribute care to over 1,000 underserved and clinically diverse patients per year.

The purpose of this study is to provide a deeper analysis characterizing the current health status of TUSOM's SRFCs patients. Only one prior study by Rebholz, et. al. in 2014 has explored the demographics in this population. Ultimately, this study will allow for easy interpretation of the demographics of the student clinic system as a whole and for the individual clinics participating in this study. This information will allow clinics to better customize care for their respective populations and ultimately improve health outcomes.

Methods:

Abstract

Patient demographic data was collected from five preceptor-based clinics from December 2016 to May 2019. First and second year medical students initially completed a standardized history and physical intake form and completed a corresponding REDCap survey. Survey fields included patient age, sex, gender, race, ethnicity, insurance status, chief complaints, past medical history, social history, and medications. Chief complaints and medications were assigned to broad categories for inclusion. Gross data was analyzed in excel and subsequently stratified by clinic for inter-clinic comparison.

Results:

A total of 772 patient responses were collected from five different student-run clinics. 41% of patients were from Ozanam Inn, 39% Grace House, 11% Bridge House, 8% New Orleans Mission, and 1% Ruth Fertel. 56% were male and 44% were female. The three most common reasons for a clinic visit were complaint-free wellness visits (26%), musculoskeletal complaints (16%), and respiratory complaints (11%). The three most common comorbidities included smoking and/or tobacco abuse (28%), psychiatric conditions (19%), and illicit drug abuse (15%). 57% of patients were on Medicaid, 9% Medicare, 10% Uninsured, 2% VA, 7% Other, and 15% Unknown.

Conclusion:

TUSOM's SRFCs provide an essential healthcare service that constantly aims to improve the care provided to a historically underserved population. With limited resources available for patient education, social services, and medical inventory, clinics should employ data-driven decisions for appropriate resource allocation. The evidence indicates a need for preventive medical services, smoking cessation programs, and Medicaid enrollment. This update to the current demographic information of this patient population has future applications in improving the delivery of personalized clinical care.

Learning Objectives

Identify the most common chief complaints, comorbidities, and medications of patients from Tulane University School of Medicine's student-run free clinics in New Orleans, LA.

Use this epidemiological study as a framework for beginning similar projects to assess the health status and to address the clinical needs of patients in their communities.

References and Resources	To learn more about the Tulane University student-run free clinics https://tmedweb.tulane.edu/clubs/scc/
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