



MID-ATLANTIC TELEHEALTH RESOURCE CENTER COMMUNITY RESPONSE TOOLKIT

Leveraging Telehealth for Populations Experiencing Homelessness

Created in partnership with:



Background



Prior to the pandemic, the University of Virginia (UVA) offered medical and psychiatric care to local individuals experiencing homelessness through a pop-up clinic within Charlottesville's day shelter, The Haven. When the pandemic struck, the clinic was suspended, leaving the homeless community with reduced access to healthcare. Within weeks, the city offered emergency housing at a local La Quinta Inn to individuals experiencing homelessness at the highest risk for severe COVID-19. Within 3 months, the pop-up clinic reopened virtually at La Quinta, reconnecting some of our city's most vulnerable patients to healthcare in a safe way.

- 3 medical appointments offered weekly; 2 psychiatry appointments offered twice monthly
- In-person undergraduate and medical student volunteers facilitate telehealth visits with UVA medical residents via iPad, Webex, and Eko physical exam technology
- Residents staff visits with attending physicians via phone call
- Patients are referred to clinic by shelter case managers and weekly student-run Health Navigation Nights; walk-in patients are also accepted
- Beyond appointments, patients may join the student team during clinic hours for health navigation services, such as: scheduling appointments, obtaining their prescriptions, arranging transportation for appointments, applying for Medicaid, etc.
- The clinic is funded by UVA Health System, and technology was provided by UVA Telehealth



Team Structure



UVA Karen S. Rheuban Center for Telehealth:

Funding for equipment, facilitated initial set-up and troubleshooting, ongoing technical support



Case Managers (local shelters): Insight about needs and barriers within our patient population, identify individuals in need of care, assist with care coordination, facilitate trusting relationships with patients, identify patients who need clinic appointments



La Quinta staff: Provide physical space for clinic, storage space for equipment, facilitate communication with guests



Clinical champions:

- 2 residents & 1 fellow physician oversee the clinic logistics, troubleshoot, and provide connections with hospital administration and residency programs
- 1 chief medicine resident serves as liaison to internal medicine residency program



UVA Internal Medicine & Psychiatry Residency Programs & Attending Physicians:

Attendings voluntarily staff clinics with residents who are assigned weekly. Incorporates clinic shifts into required resident schedules



Volunteers: Provide day-of clinic support (intake, vital signs, debrief interviews), attend Health Navigation Nights where appointments are made, and administrative support week to week



Epic Scheduler: Allows us to see walk-in visits by creating and scheduling patients in the electronic medical record, schedules pre-made appointments into the EMR allowing physicians to prechart the visits



Health Department: Supplies services outside of clinic, including COVID testing, flu vaccines, HIV/HCV/Syphilis testing etc.

Critical Success Factors & Best Practices



- Before launching, establish trust and a relationship within the community first



- Our clinic would not have been possible without the support and buy-in of the case managers and the hotel staff. No decisions were made without receiving their input and getting their okay



- An in-person “clinic supervisor” who is present every week is key for trust building, following up on tasks, and ensuring there is a familiar face to notify patients when the clinic is open



- An additional evening with in-person volunteers to identify appointments or patient needs helped notify patients about our services and with clinic retention rates



- Embracing ingenuity and flexibility when hurdles arise! Whenever we encountered an issue, whether it be with the technology or with our services, we met as a complete team to brainstorm innovative solutions



- Developing comprehensive workflows for clinicians and student volunteers and frequently reviewing them to ensure accurate information



- All members of our team are passionate about the work and about serving our homeless community - without engaged clinician champions, hard working volunteers, available technology support persons, and caring case managers and hotel staff, we would not have been able to successfully implement the clinic

Lessons Learned & Questions to Consider

- Obtaining multidisciplinary stakeholders buy-in with open communication from the beginning allows for better outcomes in the long run - does your organization have an established relationship with all stakeholders with shared goals?
- Since trust is key, how will your organization build trust with the patient population you are interested in engaging?
- Setting goals for the completion of specific tasks (such as having



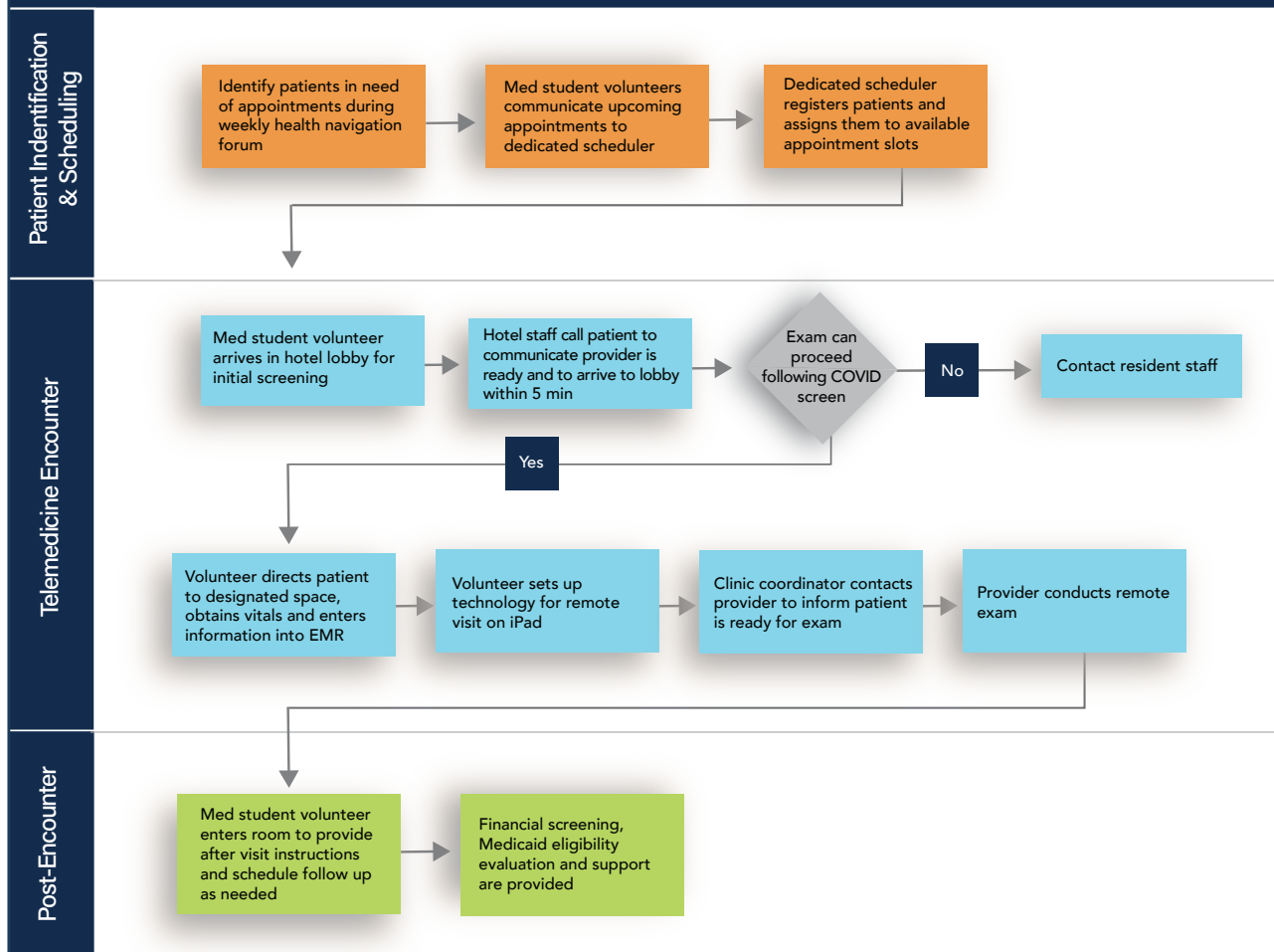
conversations about COVID vaccines, medicaid, and financial screening) is important so that patient benefits are maximized over time--has your organization developed task-oriented goals?

- Does your organization have an existing telemedicine infrastructure that you can take advantage of?
- Do you have administrative staffing to assist with navigating scheduling in the Electronic Medical Record for walk-in appointments?

Community Impact & Results

- Over 7 months, 57 general medicine visits and 4 psychiatry visits were conducted. On an average health navigation night, 4 blood pressures were taken and 5 individuals were assisted with appointments, insurance, prescriptions, or health counseling. Over 40% of all hotel guests have engaged with health navigation or clinic services
- During clinic, 16 flu vaccines and 9 STD tests were administered with support from the Virginia Health Department
- Strengthened trust in the healthcare community within the homeless population
- Increased insurance coverage of our population over time (Medicaid and financial screening), as well as connections with various social services

Workflow for Telemedicine Clinic Supporting Homeless Population at La Quinta Inn



Acknowledgements

Dr. Ross Buerlein
Dr. Rebecca Haug
Dr. Sarah Wood
Dr. Maria Geba
Rebecca Steele, MSN, RN, CNL

Margot Mellette, M4
Becca Kowalski, M3
Jacqueline Carson, M3
Hayne Noh, M2
Rohan Karanth, M2

Priya Kundur, M1
Jessica Lin, M1
Ashwin Mahesh, UVA Third Year Undergraduate