



Systems-level Improvements at a Student-Run Free Gynecology Clinic



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Introduction

- Student-run free clinics (SRFCs) function as a unique opportunity to enhance medical education by providing a venue to learn principles of system-based practices outside of traditional medical systems while importantly answering the otherwise unmet needs of countless uninsured patients^{1,2}
- Many SRFCs are developing specialized sub-clinics to deliver specialty care within the same model, such as Clínica Esperanza's "Women's Clinic," which was established in 2015 as the only free clinic to provide gynecologic care in the state of Rhode Island
- Due to its relatively new nature, the system-level functioning of this clinic remains tenuous without clear policies and procedures for care delivery and patient follow-up
- We aim to outline quality-improvement processes that student leaders were able to undertake and the subsequent solutions to create more comprehensive and sustainable gynecologic services

Problem Analysis

Women's Clinic Waitlist

- At start, Women's Clinic waitlist exceeded 100 patients
- Many patients had been waiting for > 1 year
- No established protocol to identify and address acute concerns or manage new patient referrals in a timely, thoughtful manner

Follow-Up Protocols

- No system to track provision of women's health maintenance visits
- No way for Women's Clinic to manage follow-up visits for abnormal tests that required close surveillance or colposcopy

Referral Tracking

- Patients often referred to outside Ob/Gyn specialty clinics without subsequent follow-up
- Unclear who was responsible for the patients' care after the initial referral was resolved

Actions and Solutions

Managing the Waitlist

- We reviewed the clinic's electronic health record to determine the initial stated reason for the referral and then investigated whether the patient had already been seen at the Women's Clinic or had the problem addressed elsewhere within Clínica Esperanza
- If patients had not been seen, we referenced the regional hospital's EHR to determine whether the patient had been seen for the referred problem at another site.
- We developed scheduling protocols based on acuity of active concerns
- Also recognized routine care was needed, so partnered with Clínica Esperanza's clinical manager to add general clinic sessions for Pap smears and other routine gynecologic care
- These steps have allowed for nearly a 50% decrease in waitlist volume.

Establishing Follow-Up Protocols

- We created a medical student leader position to securely document all lab work and procedures performed during clinic and monitor outstanding/pending results
- We developed a protocol so that both urgent and routine follow-up requirements are updated in the EHR and organized by date to ensure that patients are appropriately scheduled for HPV and cervical cancer screenings
- We merged the tracking systems used by med student volunteers with the tracking utilized by Women's Clinic nursing staff to ensure greater communication and collaboration

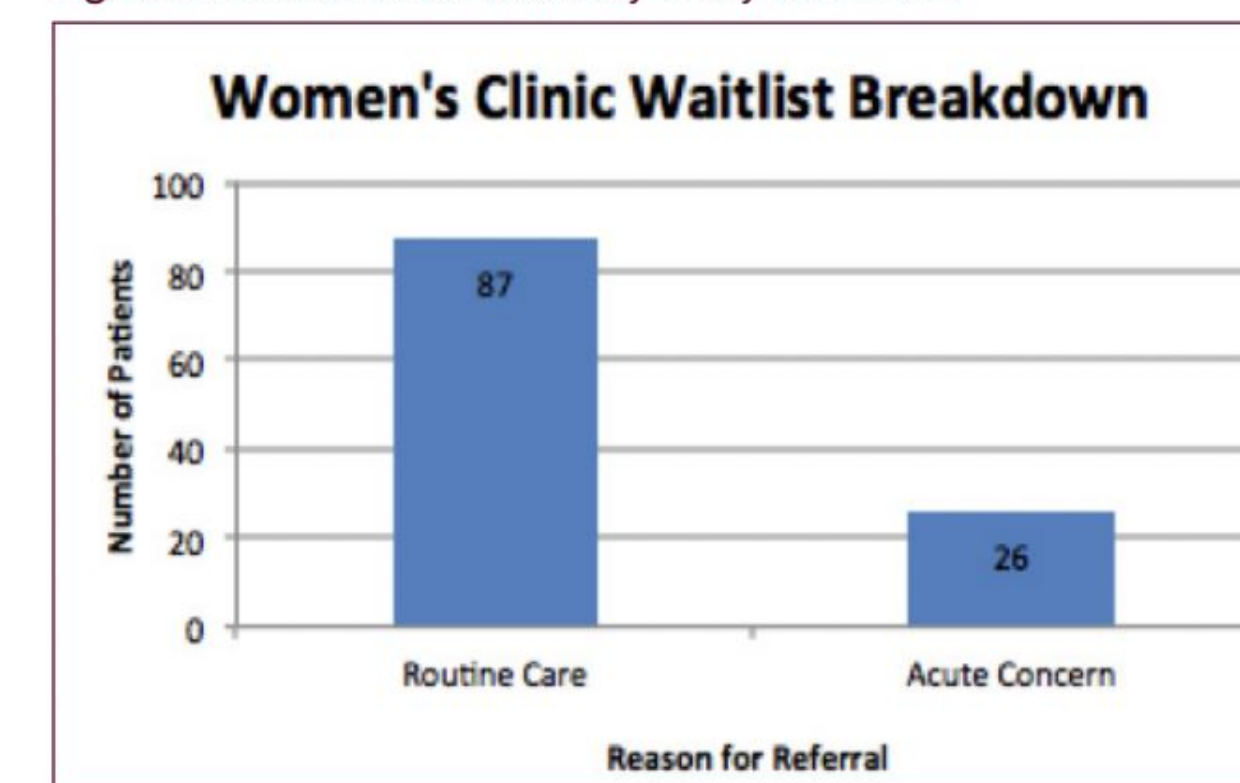
Creating a Referral Tracking System

- Through partnership-building with local subspecialty clinics, we were able to get restricted access for the nursing clinical manager to outside EHRs, which allowed the clinic staff to ensure patients were scheduled for appropriate appointments
- With this enhanced bidirectional communication, we then incorporated the tracking of external subspecialty referrals into the internal monitoring system within the Women's Clinic EHR
- Additionally, any patient referred to Women's Clinic with a chief concern that requires outside subspecialty care can now have this external referral streamlined to avoid delays in work-up
- This process has greatly optimized patient care by ensuring closed-loop communication and expanding access to subspecialty care that is not traditionally provided in the setting of a SRFC

Figure 1. Breakdown of waitlist by chief concern

Chief Concern	Number of Patients n=113
Pap smear only	75
Pap smear + mammogram	12
Contraception	8
Infertility	5
Abnormal Uterine Bleeding	4
Pelvic Pain/Other	4

Figure 2. Distribution of waitlist by acuity of concern



Conclusions and Future Directions

- By using a quality improvement lens to examine current protocols and enhance both procedures and partnerships, Women's Clinic will be better poised to serve the community of Rhode Island
- In creating protocols for waitlist, follow-up, and referral management, future student leaders can follow these procedural modifications to ensure no patient's care falls through the cracks and continue to put QI principles into practice to further the mission of the clinic in conjunction with population needs.
- Current student leaders are now currently working on disseminating educational materials to patients on nearest laboratory locations and cost of bloodwork
- We hope that the detailing of our efforts will aid other SRFCs and sites of medical education in creating more sustainable processes

References

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