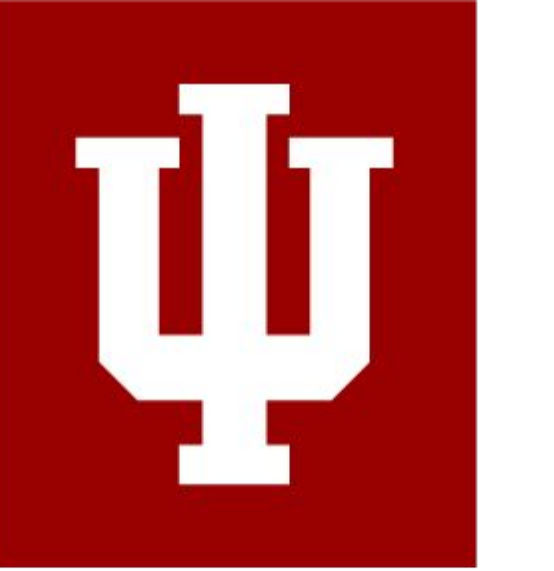




Balancing Access to Care and Volunteer Well-Being through a Student-Run Free Clinic Phone Line Operating Model

Jason Kabir, Olivia Bednarski

Indiana University Student Outreach Clinic, Indiana University School of Medicine Department of Family Medicine



SCHOOL OF MEDICINE

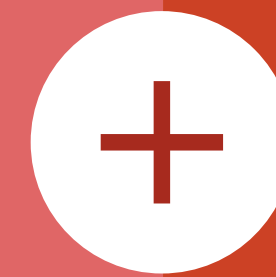
Introduction

- Student-run free clinics (SRFCs) taking on the role of primary care for their underinsured patient population necessitates patients having access to communication with the clinic
- Patient communication can be a logistical challenge for SRFCs due to limited operating hours and competing educational and personal responsibilities of students running the clinic
- **We will describe various methods of phone communication with our patients and focus on our model for operating a clinic phone line**

Patient Communication Methods

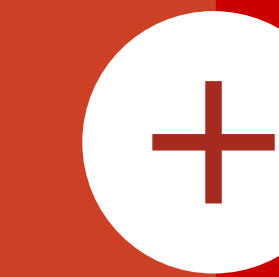
Appointment Coordination

- Each week a team of 2 medical students make initial call to patients with upcoming appointments, 2 students send text reminders with CareMessage
- 1 student responsible for calling patients lost to follow-up
- Personal phone or Google Voice



Patient Navigation

- Team of 47 medical students calls assigned patients as needed to assist them through the insurance application and referral processes
- Personal phone



Lab Results Follow-Up

- Each week five clinic managers call patients with lab results from the previous clinic day
- Personal phone or Doximity Dialer

Clinic Phone

- Prepaid cell phone funded by student fundraising efforts
 - Average monthly cost of \$28
- Each week one medical executive board member is responsible for responding to calls
 - A second board member who is a 4th year medical student serves as a back-up should the board member with the phone have questions about how to handle a patient's inquiry
- Board members expected to keep a log of incoming phone calls, voicemails, and text messages and the action they took on a shared HIPAA-secure Google Drive. Logs from January to November 2021 analyzed:
 - 15 weeks logged - total of 87 documented communications
 - 21 appointment questions
 - 12 general questions (ie, clinic hours, address)
 - 8 inquiries about medication refills
 - 8 questions about recent clinic visit

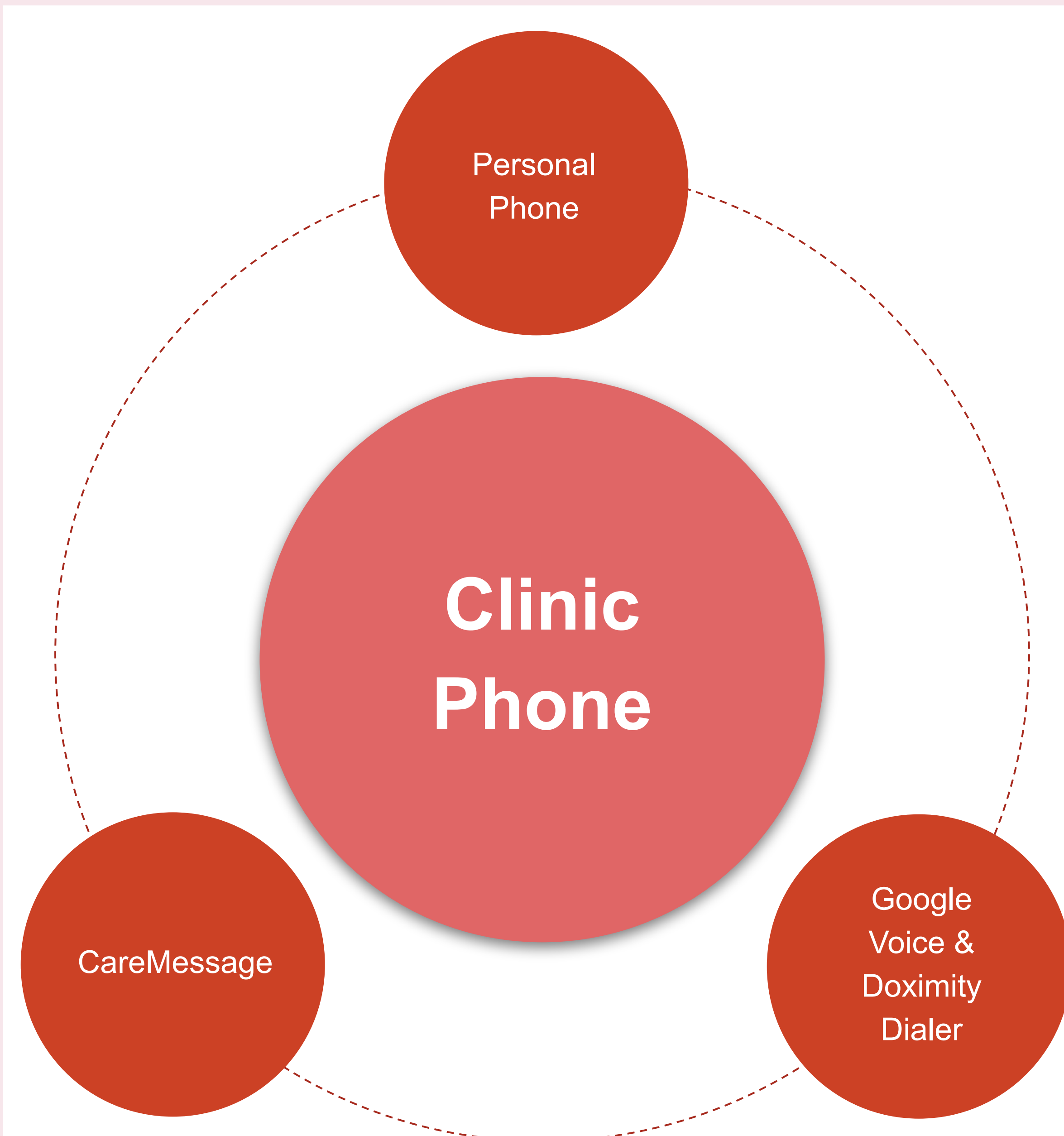


Figure 1. Schematic representation of methods of communication with patients

Discussion

- It is important for the clinic to have an official phone number to serve as a centralized contact point for the community members it serves, and maintaining a clinic cell phone is a cost-effective solution
- Directing incoming calls to the clinic phone ensures patients have access to their providers while also protecting volunteers' privacy and personal time
- Dividing responsibilities of necessary outgoing calls and taking incoming patient calls among clinic leadership reduces the burden on individual leaders
- A pitfall of using a disguised caller ID with the clinic phone number is that missed calls returned by patients will be directed toward a volunteer with less knowledge of the specific situation (ie, patient's lab results)
- SRFCs are an important part of students' training, and this model for receiving incoming phone calls can be implemented by SRFCs to promote maintenance of professional boundaries