The Use of Telehealth to Operate the Greenville Community Shelter Clinic During the Covid-19 Pandemic

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ABSTRACT

At the onset of the Covid-19 Pandemic in March of 2020, the Greenville Community Shelter Clinic (GCSC) was forced to close its doors. Clinic leaders implemented a telehealth model using donated iPads and Microsoft Teams. Telehealth proved to be a useful and effective tool for providing health care when in-person services were not feasible.

INTRODUCTION

- *GCSC is run by students at the Brody School of Medicine and serves the local population experiencing homelessness.*
- *Certain racial and ethnic groups were disproportionately affected by Covid-19 in terms of morbidity and mortality.[1]*
- *Our patient population was particularly vulnerable. Many of them do not have access to technology.*
- *We implemented a prescription refill program and telehealth clinics using donated iPads.*
- *Data was collected through surveys to see how effective patients rated our telehealth model.*

MATERIALS & METHODS

- *Virtual clinics were held every other Monday evening.*
- *Jessica Barbee, our social worker, was in person helping patients get set up on Microsoft Teams.*
- *Our surveys used a Likert scale (1= completely disagree; 5= completely agree) to assess patient satisfaction.*
- *Data on the prescription refill program was collected monthly via invoices from ECU Pharmacy.*

RESULTS

March, 2020- **Implemented Prescription Refill Program**

Provided **55** prescriptions to **16** unique patients at no cost, at a value of **$566.08**

September, 2020- **Piloted First Telehealth Clinic**

Hosted **11** Telehealth clinics serving **26** patients and provided **70** additional prescriptions

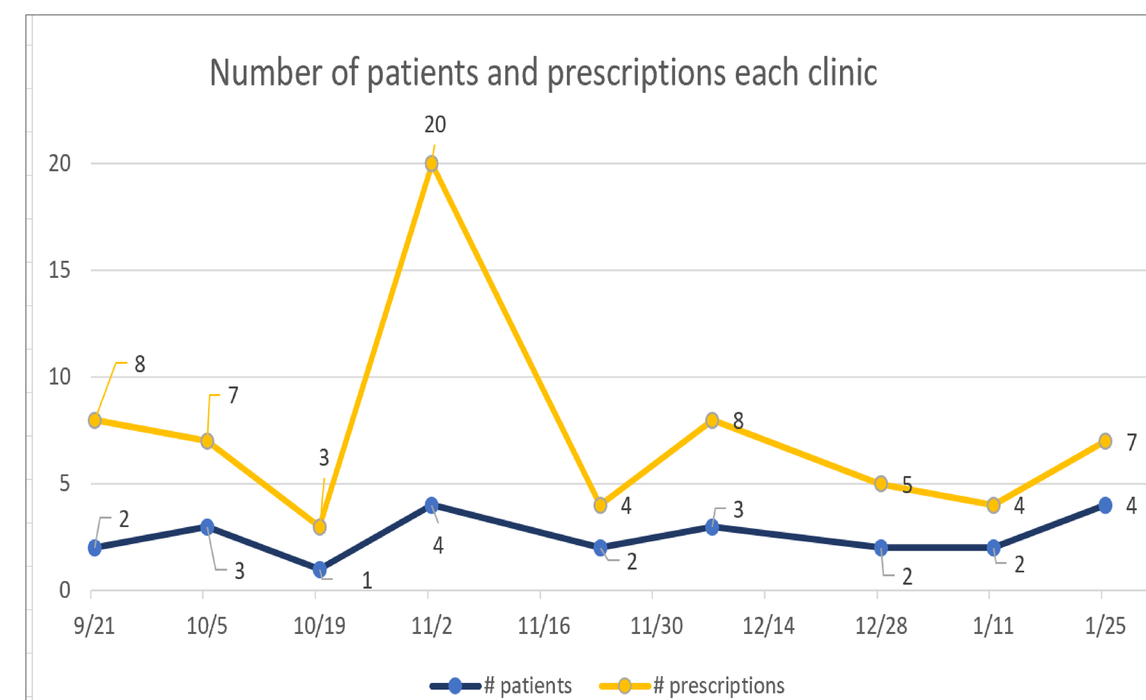

Figure 1. Number of patients and prescriptions per virtual clinic

	Mean	Median	# responses
Ease of communication	3.75	4.5	20
Enough time with provider	4.5	5	20
Enough privacy	4.65	5	20
Would do another televisit	4.45	5	20

Figure 2. Aggregate data from post virtual clinic survey responses

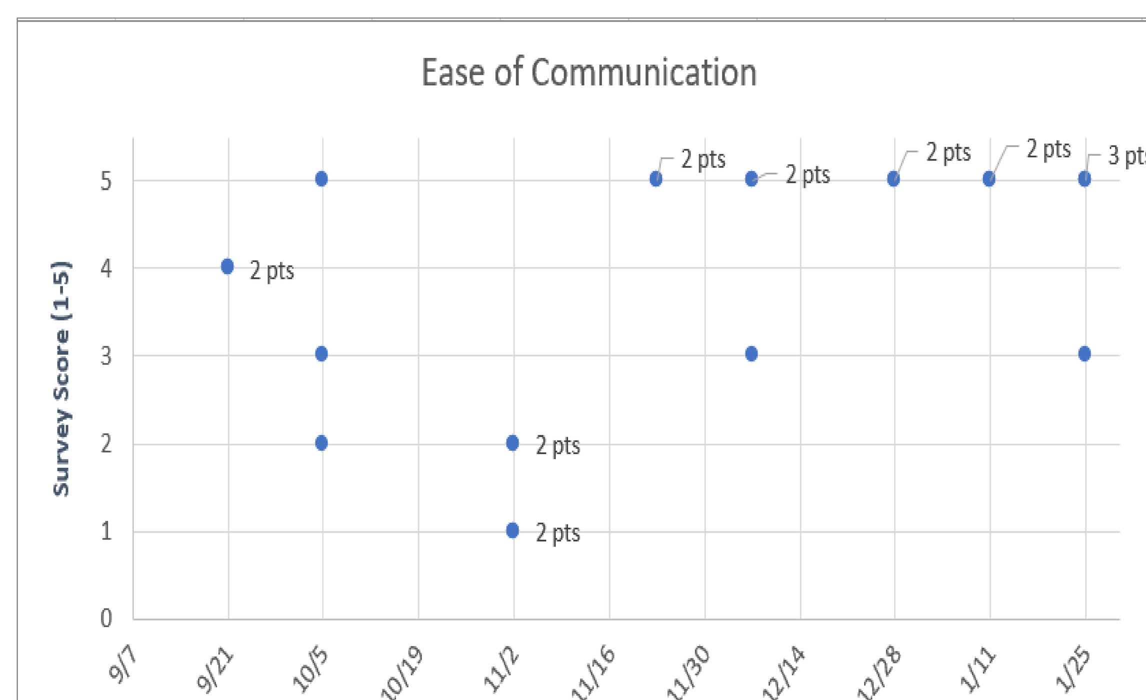

Figure 3. Responses over time to "ease of communication" question

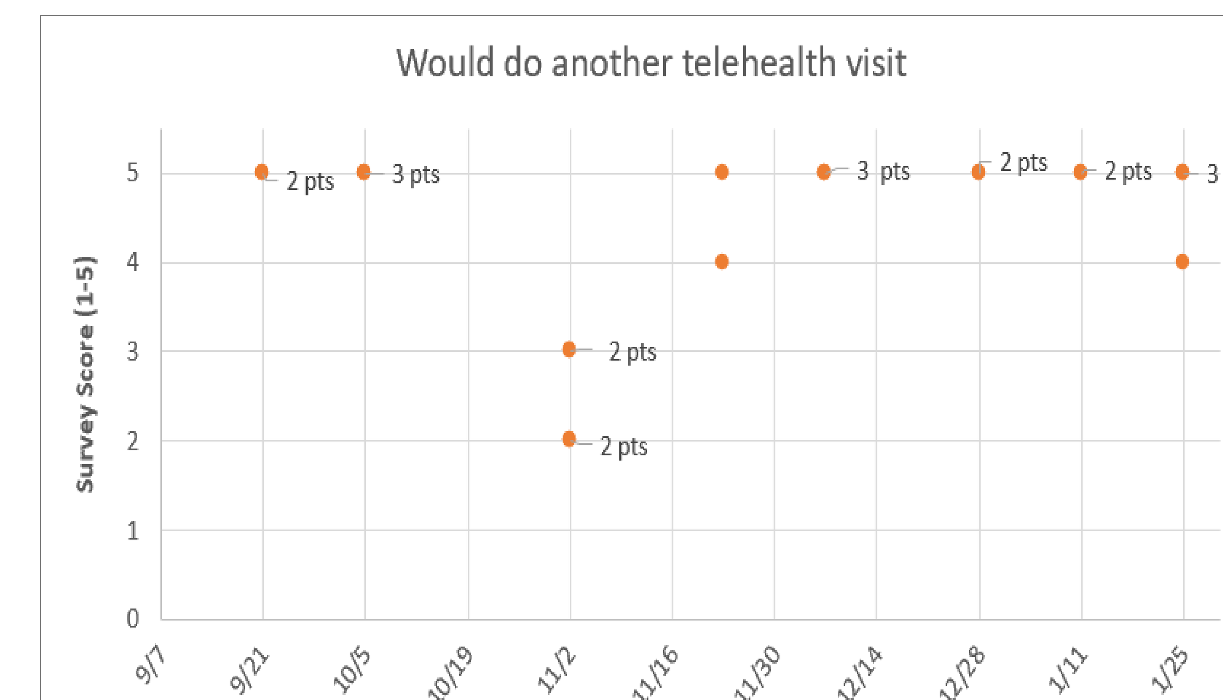

Figure 4. Responses over time to "would do another telehealth visit" question

DISCUSSION

- *There were barriers to making telehealth work for our patient population.*
- *The main barrier that we faced was poor internet connectivity at the shelter.*
- *We added a wireless extender and switched to having our physician volunteers at clinic in person, which helped free up some bandwidth.*
- *Survey satisfaction rates improved significantly to all questions after these changes were made.*
- *Our telehealth model continued to allow medical student volunteers to practice their interviewing and clinical skills. This aspect was maintained through virtual breakout rooms on Microsoft Teams.*
- *An area for improvement was to be more on top of our survey collection, making sure each patient responded to the survey.*
- *Lack of access to technology in some populations can make health disparities worse. Our project proves that those disparities can be combatted.*
- *We were able to meet our patients where they were and provide consistent care to a population in need from the safety of our homes.*

REFERENCES

1. Centers for Disease Control and Prevention. (2022, June 24). *Risk for COVID-19 infection, hospitalization, and death by Race/Ethnicity*. Centers for Disease Control and Prevention. Retrieved July 18, 2022, from https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

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