Optimizing Telehealth for Greenville Community Shelter Clinic operations during the Covid-19 Pandemic

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Disclosures
Nothing to Disclose
Introduction

- Problem: Student-run clinic needed to provide care for patients of shelter clinic during pandemic
  - How do we provide socially distanced care and keep students involved?
  - How do we do so efficiently and safely for patients?
  - How can we help shelter residents access telehealth services?
- Aim:
  - 80% of patients will rate their ease of communication and satisfaction with the visit as 4/5 or better by the fourth clinic session.
**Measures**
- **Patient surveys**: 4-item Likert-scale surveys for patients after each visit:
  - ease of communication
  - had enough time with the provider
  - had enough privacy
  - would do another telehealth visit

**Methods**
- **Quantity/complexity of patients seen each night**
  - Number of patients and prescriptions

**In-person team**
- Social worker, assistant

**Remote team**
- Physician, Med students, pharmacist

**Equipment**
- 1 iPad Shelter Internet

**Issue: slow transitions between patients**
- Change: added a **second device**

**Issue: slow Internet struggled with multiple simultaneous calls**
- Change: **improved connection** (different facility), physician in person

**Patient surveys**

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<th>Social worker, assistant</th>
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**Start**: Provide device, set up virtual rooms in Microsoft Teams
Results

Number of patients and prescriptions each clinic

Would do another telehealth visit

Ease of Communication

Survey Score (1-5)

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Added second device
Physician in person, improved Internet
Qualitative data:

- Patient survey comments
  - Before physician in person
    - “Poor video quality once in a while”
    - “Poor connection. Staff pleasant and easy to communicate with”
  - After physician in person:
    - “Much better than last time”
    - “Good”
- From the team:
  - Was overwhelming for the small in-person team dealing with frustrated patients and Internet issues
  - Communication between remote learners and in-person providers better than expected

Results

Comparing mean survey data before/after interventions

- Patients per clinic:
  - Remote Physician, Slower Internet: 2.5
  - In-person physician, Improved Internet: 2.6

- Ease of communication:
  - Remote Physician, Slower Internet: 2.67
  - In-person physician, Improved Internet: 4.69

- Would do another visit:
  - Remote Physician, Slower Internet: 3.89
  - In-person physician, Improved Internet: 4.85
Conclusion

- Telehealth is a useful tool for serving patients dealing with homelessness if device/connection are provided.
- Students can remain involved in provision of care remotely.
- Internet bandwidth is essential for serving patients well via telehealth; in-person communication still has advantages.

Future directions:

- Providing devices for telehealth may be a way to serve patients at shelters in locations without existing clinic infrastructure.
  - Mental/behavioral health counseling possibilities.