

## **Improving Outreach and Care Coordination for Disadvantaged and Unhoused Patients Through a Student-Led Patient Navigation Program**

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### **Background**

Across the United States, individuals experiencing housing instability are disproportionately burdened by preventable morbidity and premature mortality due to structural barriers that limit access to comprehensive, continuous healthcare. Barriers such as limited insurance coverage and lack of reliable methods of communication or transportation can negatively impact patients' healthcare experiences and lead to worse health outcomes. Student Run Community Clinics (SRCC) at the LSU Health Sciences Center (LSUHSC) were established in 2000 to address these barriers. In 2024, the Patient Navigation Collaborative (PNC) was formed as a new chapter of SRCC to provide longitudinal patient accompaniment and additional healthcare navigation. PNC's first year focused on identifying patients' needs and establishing a system for patient communications. PNC's second year focused on building program infrastructure, defining PNC services, onboarding volunteers, and expanding patient outreach at SRCC clinic shifts. Next year's priorities will include streamlining workflows, strengthening community partnerships, and conducting research to track patient outcomes.

### **Methods/Results**

PNC was implemented within the SRCC structure during the 2024-2025 academic year. The initial phase focused on developing conceptual and operational foundations. PNC identified gaps in SRCC's patients' access to healthcare, defined PNC's scope, and established a team-based structure ("pods") with oversight by LSU residents and faculty. PNC collaborated with the LSUHSC Office of Compliance Programs to establish both a secure method for patient communications through the Cisco Jabber phone application and a consent form for using PNC services. PNC members met every other week on Zoom with an attending physician faculty advisor to discuss specific patient navigation needs. Patients were referred to PNC during SRCC clinic shifts if they exhibited challenges accessing care (e.g., missed appointments, difficulty completing referrals). Patients received assistance with tasks such as Medicaid enrollment, transportation services, and accompaniment to appointments.

In the 2025-2026 academic year, PNC developed standard operating procedures for PNC services, recruited medical student volunteers, and expanded patient enrollment by integrating into SRCC clinic site operations. The pod structure expanded to 12 pods of 2-3 students. Each "pod leader" was assigned a Cisco Jabber phone number for secure patient communications, and navigation tasks were shared among pod members. PNC members met every other week on Zoom with the physician faculty advisor to discuss and address identified patient needs. PNC

formally consented and assisted 70 patients, provided point-of-care services across over 50 SRCC clinic shifts, and onboarded 36 student volunteers in addition to the 6 executive board members. Overall, the intervention efforts resulted in organizational growth and increased efficiency and effectiveness of PNC services.

Priorities for the 2026-2027 academic year include streamlining documentation, strengthening partnerships with community resources, cross training all SRCC members on PNC services, and conducting research to measure patient-based and student-based outcomes (e.g., patients' emergency care utilization, students' confidence addressing social drivers of health).

### **Conclusions**

The early successes of PNC demonstrate the feasibility of integrating a student-led patient navigation program within student run clinics to improve outreach and care coordination for individuals experiencing social barriers to healthcare access. By providing longitudinal support, PNC helps address these barriers to improve patients' healthcare experiences and health outcomes. Future efforts will focus on refining PNC workflows, expanding community partnerships, increasing volunteer recruitment, and conducting formal evaluation of patient outcomes and healthcare utilization.