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Evaluating Follow-Up Rates at Higher Care After Implementation of a Multi-Disciplinary Collaborative Referral System

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Abstract:

Introduction: Homeless shelters and rehabilitation facilities in New Orleans, Louisiana require all patrons to be screened for tuberculosis (TB) to maintain residence. The Tulane School of Medicine Student-Run TB Program meets this need by providing clinical evaluations, including tuberculin skin testing (TST), if indicated. Those patrons with a history of TB or who are TST positive are referred to the Wetmore TB clinic, a subset of the Office of Public Health. Prior to implementation of the closed-loop referral program, result communication between sites relied on patient self-report.

Program Description: In December 2017, a closed-loop follow-up system was implemented, with the goal of increasing shelter-to-clinic flow, increasing follow-up rates, and enhancing inter-site communication. The program continues to provide referrals to Wetmore. A clinical team of trained medical students provides written and verbal education regarding TB and the importance of follow-up. The steps of evaluation at the Wetmore Clinic are explained to the client. Patient concerns are addressed, and copies of referrals are sent to Wetmore with considerations of HIPAA requirements. The Wetmore Clinic holds an "open house" walk in day weekly for patients referred from this program. Patients are tracked with a joint database in order to identify patients who are lost to follow-up. Attempts are made to contact these patients and reestablish care.

Results: In the year prior to implementation of this referral program, 93 patients required referral. Of those, 55 (59.14%) attended their appointment. In the year since the initiative began, 73 patients were referred, of which 49 (67.12%) attended their appointment. Though this difference did not meet statistical significance, it indicates that the program improved follow up rates, thus meeting its goal.

Conclusion: In addition to impeding TB control, lack of definitive TB results leads to loss of stable housing or shelter privileges. The closed-loop referral system has shown a modest increase follow-up. Future research will focus on interventions to further increase follow-up rates and identify challenges to follow-up.

Recommendations for Practice: The closed-loop referral system, in which the patient and all involved health care teams are in communication with exchange of data in a HIPAA-compliant manner, should be considered in clinics where fragmented care and follow-up are an impediment to streamlined medico-social public healthcare.

Title:

Evaluating Follow-Up Rates at Higher Care After Implementation of a Multi-Disciplinary Collaborative Referral System

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Preferred Presentation Format:

Poster

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Primary geographic focus of the program or study:

LA, USA

Learning outcomes:

- List barriers to healthcare follow-up for homeless populations.
- Identify cost-effective solutions to increase healthcare access and follow-up rates in a homeless population.
- Discuss the meaning and implementation of a "closed-loop" follow-up system.
- Compare patient follow-up rates at higher care in a multi-disciplinary program before and after implementation of a closed-loop follow-up system.

Target Audiences:

Student-run free clinics, health care providers working with underserved populations

Consider for award:

Y

Consider for "Caucus on Homelessness - Best Student Abstract Award" award

Keyword(s):

Tuberculosis, Underserved Populations

Learning Areas:

Conduct evaluation related to programs, research, and other areas of practice
Implementation of health education strategies, interventions and programs

Health Indicator(s):

Access to Care and Socioeconomic conditions (e.g., Exposure to concentrated poverty and the stressful conditions that accompany it)

External Funding:

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- Presenting author is a new investigator (within 5 years of terminal degree)
- First-time presenter at APHA
- The work described in this abstract was performed by the primary author as part of a student program

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Qualified on the content I am responsible for because: I am a co-investigator on the Tulane Student-Run Tuberculosis Screening Program IRB focusing on evaluating the impact and efficacy of our Program. I served as one of the Tulane Tuberculosis Screening Program Coordinators from January 2018 to January 2019, overseeing the entirety of the T program across six clinic sites. I am continuing my role in the student-run clinic system at Tulane as the incoming President of the Student Clinic Council beginning in May 2019.

Any relevant financial relationships? No

Signed on 02/19/2019 by *Alexandra Woodbridge*

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