Development of a novel interprofessional telehealth infrastructure for people experiencing homelessness

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Introduction

The COVID-19 pandemic has disproportionately disrupted healthcare delivery to marginalized groups, particularly people experiencing homelessness (PEH). The UCSF Shelter Clinic is a student-run free clinic that has historically provided on-site healthcare and referral services to residents of Multi-Service Center South (MSC-South), Northern California's largest homeless shelter, since 1991. In March 2020, COVID-19 related shelter-in-place restrictions suddenly reduced shelter residents' access to urgent care and referral services in the context of increased reliance on telehealth. With the concurrent closure of the UCSF Shelter Clinic, we aimed to restructure our services to continue delivering safe and effective healthcare to MSC-South residents while providing service-learning opportunities for students.

Objectives

- Aim 1: To implement a student-led telehealth clinic that addresses reduced access to urgent care and referral services for homeless shelter residents during the COVID-19 pandemic
- Aim 2: To provide service-learning opportunities for health profession students, physicians, nurses, and pharmacists to care for PEH.

Process

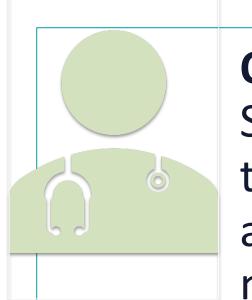
- Gathered best practices for telehealth for underserved populations via collaboration with UCSF student-run free clinics
- An interprofessional student team developed a telehealth workflow from Aug to Nov 2020
- Workflow was vetted by faculty advisors and SF Department of Public Health (SFDPH) liaisons
- Conducted student & preceptor telehealth trainings
- A pilot clinic was implemented in Dec 2020

Intervention

Guiding Principles

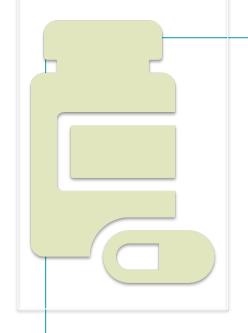
Principle	Implementation
Meet healthcare needs of shelter residents	DPH nurse identifies patients with greatest need for
	medical care
Minimize COVID risk, with requirement that	Transform clinic space into 1 patient room for
health profession students remain shelter-in-	social distancing, with most clinic personnel over
place	Zoom
Leverage interprofessional expertise with PEH to	Conduct appointments with on-site nursing staff,
provide comprehensive care and student learning	medical/nursing students, and pharmacy students
opportunities	

Key Team Members



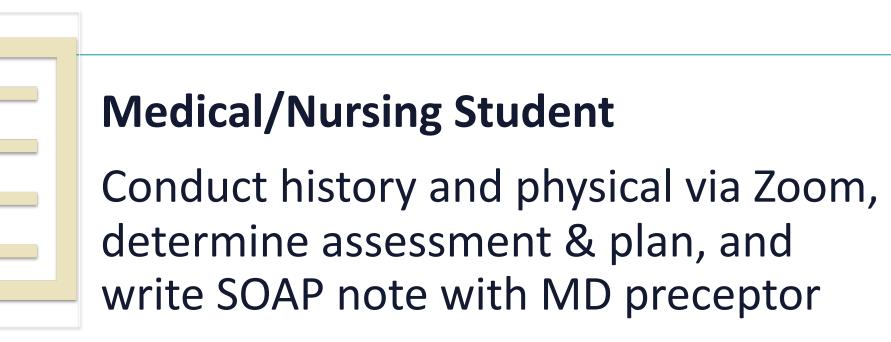
On-Site SFDPH Nurse

Set up iPad, connect shelter residents to Zoom appointments, perform vitals and physical exam, dispense medications, provide teaching



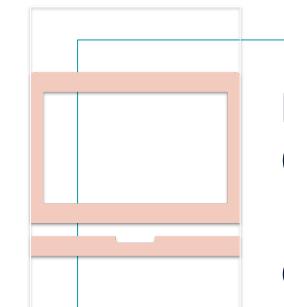
Pharmacy Student & Preceptor

Conduct history & physical, medication review, management, and counseling via Zoom



MD Preceptor

Advise final assessment & plan, provide clinical teaching for students via Zoom, review student notes to upload to Epic



Remote Clinic Coordinator

Oversees virtual clinic workflow, manages Zoom, and leads post-clinic debrief sessions

Workflow

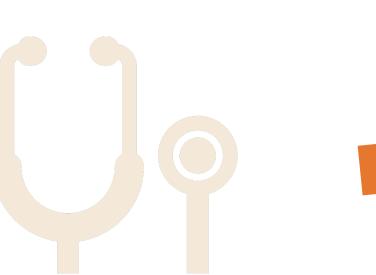


On-site DPH nurse at MSC-South sets up iPad and recruits patient



reconciliation

Medical/nursing & pharmacy students conduct H&P medication



Students formulate assessment and plan with DPH nurse and preceptors

DPH nurse dispenses medications, supplies, and provides referrals

Measure of Success

As of May 2021:

31 patients served | 22 preceptor volunteers | 52 student volunteers

Findings to Date

Partnership between SFDPH and UCSF Shelter Clinic

Virtual clinic at MSC-South to provide services for PEH

Remote servicelearning opportunities for health profession students

Iterative refinement of protocol via post-clinic modifications

Key Lessons

Challenges to implementing shelter-based telehealth

- Poor access to technology among PEH
- Limitations on physical space in shelter
- Number of nursing staff and iPads
- Liability coverage for student volunteers

Facilitators to implementing shelter-based telehealth

 Collaboration with on-site SFDPH shelter nursing staff

Benefits of shelter-based telehealth

- Increased access to care for PEH
- Greater interprofessional collaboration among health profession students
- Enriched interprofessional communityengaged service learning
- Strengthened institutional partnerships with key stakeholders

Next Steps

- Increase patient volume & days of operation
- Reintroduce undergraduate student volunteers
- Maintain telehealth services as an adjunct service upon reintroduction of on-site clinic

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