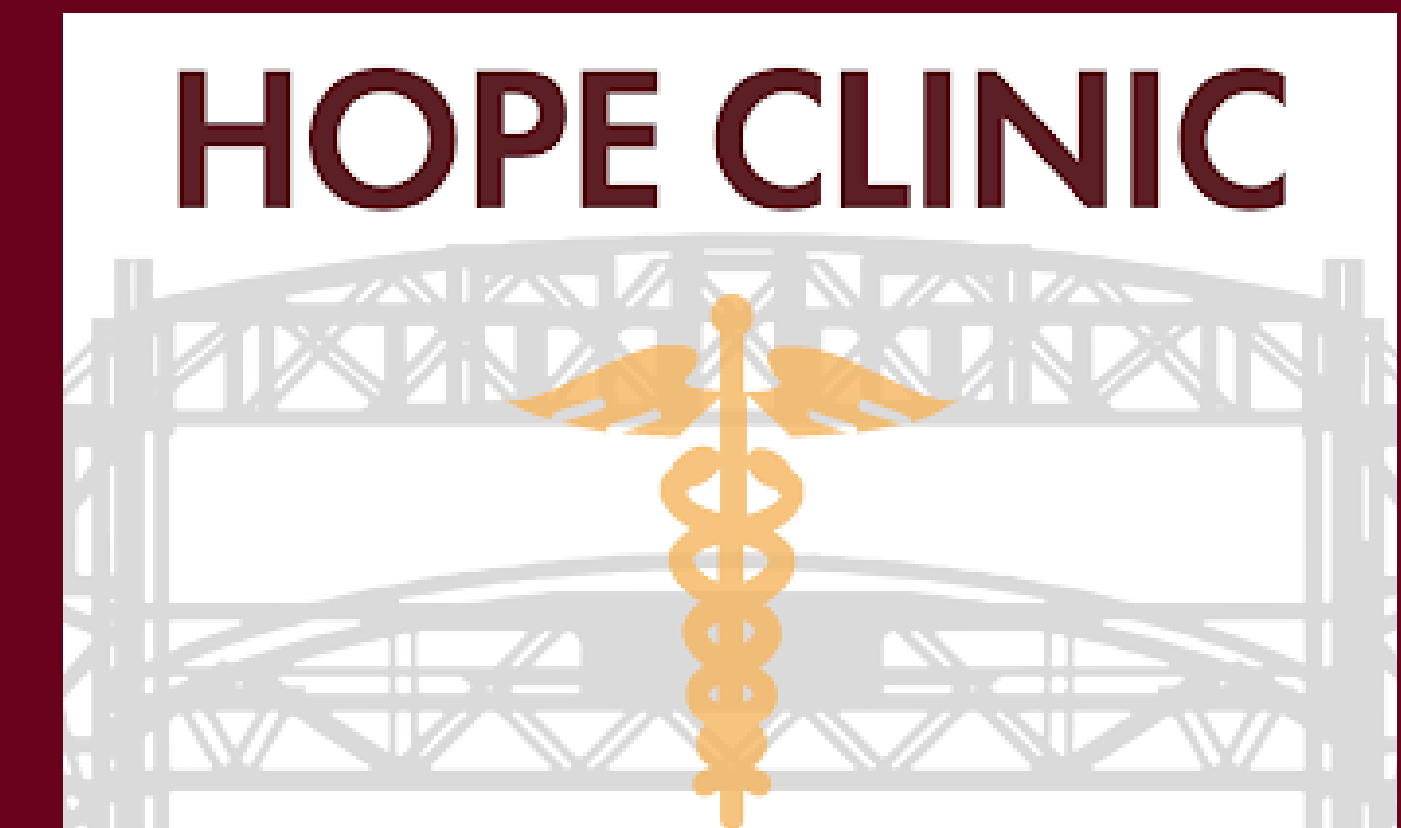




Addressing the Revolving Door Phenomenon at a Student Run-Free Clinic: A Pilot Study



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INTRODUCTION

- Free community clinics typically operate with patient panels that are unable to utilize traditional, more costly, healthcare organizations.
- A previous study conducted by our clinic identified that referrals made by our clinic had a no show rate of 35%.
- Identified barriers to attendance at their referral included phone access, unsheltered status, and lack of transport.
- These patients often returned to our clinic if they did not establish care at these referrals.

METHODS

- All patients from March, 2023 to February 2024 that were referred by our clinic to our partner, Duluth Family Medicine Clinic (DFMC), were included in this study.
- Patient characteristics were collected at the time of referral such as transportation status, phone access, housing status, and insurance status.
- Upon referral, patients were provided with public transportation passes, as well as the inclusion of a community health worker, who saw them daily, in the planning of the referral.
- After referral date, patient attendance to the appointment was verified with DFMC.
- This data was compared to previous findings of patient referrals from 2019-2022.

RESULTS

- 29 patients were referred to DFMC from 2019-2022. 6 patients were referred to DFMC in this 11-month study period.
- 4 patients were referred for chronic disease management. 2 patients were referred for acute concerns.
- Among the six patients, 83% experienced a lack of transport, 83% were unsheltered, 50% had access to a phone, and 33% were insured.
- 5 out of 6 patients attended their referrals (83%). None of these patients were seen by our clinic after they had established care.
- The one patient who did not attend their referral was seen again in our clinic, but did not ask for a second referral.
- A 17% no show rate in patients provided with CHW assistance and transportation passes vs. 35% previously.

CONCLUSION

- Addressing two barriers to care resulted in improved attendance to referral appointments for higher level of care.
- These interventions are low cost, and benefit both the patient and the healthcare team.
- These findings support that the identification of poorly supported needs and implementation of certain programs can improve patient outcomes and healthcare utilization.

	Yes	No
Male Gender	33%	66%
Lack of reliable phone	50%	50%
Transportation barrier	83%	17%
Uninsured	66%	33%
Unsheltered	83%	17%
Chronic Concerns	66%	33%

