

A Pilot Program to Improve Access to Care and Resident's Learning Experience in Ambulatory Care Setting in a Community Hospital

Lazaga, A; Jaile, J; Panton, L; Fernandez, A; Periasamy S

Department of Pediatrics, Harlem Hospital Center, Affiliate of Columbia University

INTRODUCTION

Harlem Hospital has been serving the underserved African American population since 1887. Historically, these communities have been burdened with social and economic disadvantages and have been struggling to overcome the healthcare disparities. The percentage of people who live under the poverty line, as well as the incidence of asthma, preterm births, teen births, obesity and diabetes are higher in this neighborhood than New York City averages. Gaps in preventive care increases the burden of such preventable diseases. As per the 2016 data, many households are below the federal poverty line, with half of the children in the area are living in poverty. More than half the patients served at Harlem Hospital have Medicaid and 25% of the rest are uninsured. In 2020, the COVID-19 crisis further stretched this situation, as New York City was the epicenter of the crisis when the pandemic was unfolding. Even though the hospital rapidly transitioned to telemedicine, technology and system navigation posed huge challenges to the patients and their families, causing delays in preventive care, immunizations, and screening, as well as diminished learning opportunities for resident physicians.

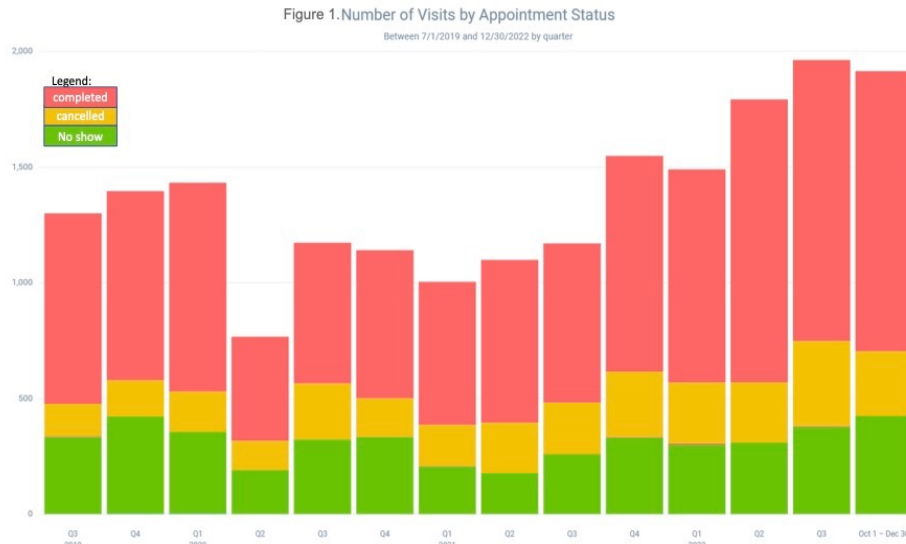
AIM

This study aims to evaluate the programs effort to redesign continuity clinic model to increase patient's access to care to promote healthcare equity while also improving resident's learning experience and Specifically, we aim to assess if increasing amount of clinic time for each resident provider has lead to more patients being seen, thus improving the access to care of the patients.

METHODS

The resident's continuity clinic was changed from half a day to full day session per week, doubling the patient slots. These changes warranted adjustments in inpatient rotations. Preceptors, nursing staff and the administrative personnel's schedules were adjusted to support the volume and patient flow. Data was collected from the EMR to review the effects of the restructure to assess the effectiveness.

RESULTS



EVALUATION & DISCUSSION

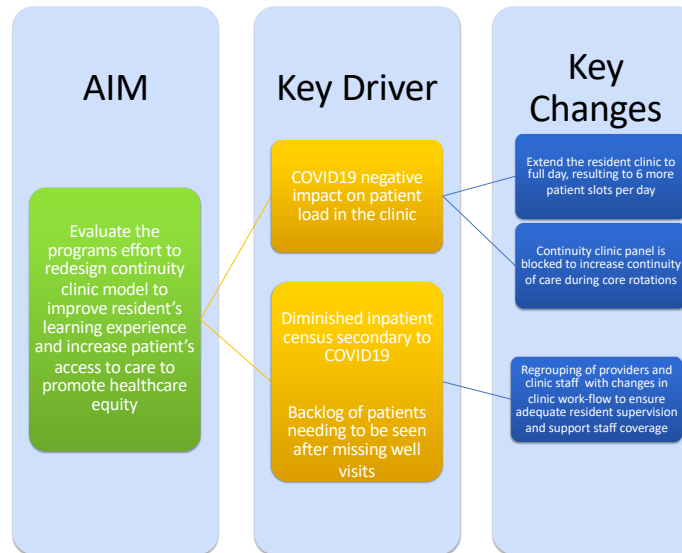
Figure 1 shows the increase in the number of visits with the residents as primary provider from the pre-pandemic time in 2019 until 2022. In 2020 at the peak of the COVID-19 pandemic, clinic visits were down 40% and no-show rates were up. Inpatient census at this time was also down, thus further affecting resident learning experience. Resident continuity clinic was redesigned to all-day clinic at the end of October 2021 and immediately, the 3rd quarter of 2021 showed an increase in visits scheduled (1,098 vs 1169). This has only continued to increase consistently in the subsequent months, until the last quarter of 2022, as shown in Figure 1. Visits that were completed (excluding cancellations and no-shows) also increased.

CONCLUSIONS

The evaluation to date has shown tremendous improvement in resident's learning experience and increase in patient's access to care in the outpatient unit. Additionally, with the restructure of the rotation, we have improved continuity of care in the inpatient units. This further positively impacts patient safety by eliminating the need for noon transition of care.

CLINICAL IMPLICATIONS

Thus far, this strategy has been proven beneficial in increasing access to care for the patients in the community we are serving while enhancing resident learning experience



REFERENCES

- COMMUNITY HEALTH PROFILES.2019. City of New York. Home | Profiles (nyc.gov)
- Ben-Zion, et al. 2021. A National Perspective on the Current Educational Environment in Pediatric Community-Based Continuity Clinic, *Academic Pediatrics*, 21(3) 2021:391-39.
- Patricia G. McBurney, Colleen M. Moran, Walton L. Ector, Thomas G. Quattlebaum, Paul M. Darden; Time in Continuity Clinic as a Predictor of Continuity of Care for Pediatric Residents. *Pediatrics* October 2004; 114 (4): 1023-1027. 10.1542/peds.2003-0280-L
- Jeremy Walker, Brittany Payne, B. Lee Clemans-Taylor, Erin Dunn Snyder; Continuity of Care in Resident Outpatient Clinics: A Scoping Review of the Literature. *J Grad Med Educ* 1 February 2018; 10 (1): 16-25. doi:<https://doi.org/10.4300/JGME-D-17-00256-1>