COVID-19: Caring for Vulnerable Populations in Durham

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Lincoln Community Health Center
Lincoln is Durham’s FQHC, providing Primary Care (routine and urgent care) from 10 sites

- “Lincoln CHC- Main Site”- 1301 Fayetteville Street, est. 1971
- Medical Care- Peds, Family Med and Adult Med
  15-17 medical providers (8A-5P) Mon-Fri and
  1-6 providers nights (5-8P) and
  3 providers Saturdays (8A-12P).
- Behavioral Health- 2+ Psychiatrists, multiple case managers, LCSWs, Licensed Substance abuse counselors
- Dental Care- 4 Dentists, 1 Hygeinist
- Also Pharmacy, Laboratory, Xrays, WIC
1. LiveWell Clinic - 3 providers
2. Primary Care Clinic at Durham Co. Health Dept - 2 providers
3. Healthcare for the Homeless - PMs only - 1 MD
4. Durham Recovery & Response Center - AMs only - 1 NP/MD
5. Hillside High School - 1 PA or MD
6. Early Intervention (HIV) clinic at DCHD - 5 half days - 1 MD
7. Lyon Park Clinic - 1 PA/NP, staffed by Duke
8. Walltown Clinic - 1 PA/NP, staffed by Duke
9. Holton Clinic - 1 PA/NP, staffed by Duke
Who does LCHC serve? (2019 data)

* More than 127,000 medical visits for 36,000+ individuals.
* Diverse population: more than 90% minority
* Better served in language other than English: 51%
* Many uninsured BEFORE COVID (64% of adults and 35% of children)
* Low income: 50% of our patients are known to make <100% FPL. 30%, or 11,000+ have not turned in financial information. Not turning in financial info means they are not eligible for sliding scale discounts at our clinic and pharmacy.
* LINCOLN IS NOT A FREE CLINIC. Sliding scale down to $20

Steps we took in Phase 1:

1. Proper protection – Masks for all patients (donated cloth) & staff; full PPE (partially donated) for those doing resp. assess or COVID testing; Sneeze Shields for Front desk

2. Screeners (with Interpreters) out front- URI symptoms or elevated temperature keeps you out of the building

3. Trained providers to do Video visits while doing phone visits
Steps we took in Phase 1:

4. Social distancing for patients (take phone #s and send to car to wait if there is a car, waiting room chairs 6 ft apart, marks on floor for queueing)

5. Social distancing for staff (Zoom meetings, Lunch apart, screeners 6 ft apart)

6. Interpreters call into exam room
Staff have pitched in new ways:

* Assigned staff screen LCHC staff every AM.
* Behavioral health team got on phones immediately to find help for patients w/food insecurity.
* Behavioral Health staff calling high risk patients
* CMO collaborating w/Residents from Duke Family Medicine to set up our COVID Testing tent
* Interpreters helping train providers on Video visits
New jobs/duties created by COVID:

- Screeners
- Bouncers
- Clean Docs/Dirty Docs
- Swabbers
- PPE Tracker
- Symptom follow-up-ers
- Video Visit Tech support
- Curbside Pharmacy staff
- Schedule Reviewers (determine visit type)
Steps we are taking in Phase 2:

1. Providers review charts 1 week ahead to mark who should have Video/Telephone/In-person visits
2. Video visits for those who can and don’t need in-person visits.
3. Hybrid visits- providers encouraged to call into the room for part of the in-person visit.

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Steps we are taking in Phase 2:

* Parents of well children and babies DID NOT WANT TO COME IN for well child checks and vaccines. So...

* Starting May 30th, on Saturdays LCHC will be closed to all but WELL CHILDREN to keep Durham from having a cohort of unvaccinated kiddos.
Testing for COVID-19 at LCHC

* Since early April, 180 tests ordered, 150 completed
* 44 of 150 Positive, (29% positive)
* 35 of the 44 Positives (80%) were Latinx patients
* Extremely high prevalence of Diabetes, Hypertension, Obesity, COPD and other high risk conditions in our population

CHALLENGES
* Identifying & training “swabber” provider- CMA teams
* Rescheduling patients for “swabber” docs to open test slots
* Finding those slots in Epic once they are created
* Making the testing tent tolerable (climate-wise in PPE)
* State test not orderable in Epic and would not feed into Results section in Epic
* Cost of testing $50-56 per test
Surprises:

* We often do not have capability to collect payment over the phone. (Many of our patients do not have credit.)

* A sizeable portion of our working patients are CNAs, janitorial staff, fast food employees, people who work in food service in institutions, childcare, grocery stores....our COVID positive rate is 29%.

* Lack of materials/testing info in Spanish or other languages (Walgreens, I’m talking to YOU.)

* Dr. Feigal was able to to collaborate with Urban Ministries, Durham officials and business owners to get Homeless shelter residents hotel rooms for now
Challenges....

* As it heats up it will no longer be ok to ask pts to wait in cars
* Where will those without a car wait for their appt?
* Our van cannot safely serve as many as before and will not transport patients with symptoms of COVID
* As more lose jobs/insurance, our finances will worsen along w/our patients’.
* Pts will need to update registration info w/job changes, Re-provide “proof of income” paperwork (slowing clinic flow).
* Changing landscape for food/resources for needy
* Finding non-English, non-Spanish speakers, up-to-date patient education is tough.
* Messaging around who to test, how to best protect both our patients and ourselves changes almost daily.
COVID Collaboration/Support

Community Health Watch study- email: CovidWatch@duke.edu
919-694-797, https://pandemicresponsenetwork.org/

Duke Regional Hospital
Duke Family Medicine and Community Health
(Shout out to Andrew Flynn- PGY1)

Urban Ministries
Feed the Fight Durham
Community Health Coalition
MasksForDocs.org

To Support our efforts, donate via LCHC Foundation Website
http://lincolnchcf.org/
It is an honor to serve Durham with you.

Questions?