

Introduction

Student-run free clinics (SRFCs) have become important primary care homes during the COVID-19 pandemic. With students pulled from clinical sites, funding deficits, SRFCs' voluntary nature, and no best practices for telehealth SRFCs – many have been forced to close. This article shares a systematic approach for implementing a telehealth clinic along with initial outcomes from the DAWN SRFC.

Methods

Pilots with students, community volunteers, and patients were utilized to identify a telehealth platform. Weekly Plan-Do-Study-Act (PDSA) cycles were implemented to develop a feasible interprofessional telehealth model. Key PDSA cycle goals included: seamless utilization of platform, identification of necessary team members, appropriate scheduling of patients and volunteers, integration of interprofessional learners, positive patient and volunteer experience, and process for identifying and addressing patient social needs. Measured outcomes included total visits, no-show rates, and chief complaints addressed.

Results

Outcomes from PDSA cycles included a resultant telehealth clinic team and model, workflow for outreach for social needs screening and navigation, and team training guides. Visit data and no-show rates from January through July 2020 demonstrated total visits returned to 60% of pre-COVID numbers while no-show rates decreased significantly below pre-COVID rates. A range of acute and chronic concerns were successfully managed via telehealth.

Conclusion

SRFCs are poised to continue serving an important role in caring for the country's most vulnerable. The DAWN telehealth implementation process, outcomes and resultant protocols may help inform other SRFCs seeking to establish telehealth services.