

DAWN Clinic Surgical/Procedural Needs Assessment

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Background

- •DAWN Clinic is a student/resident-run clinic that serves the uninsured and immigrant populations of Aurora, CO
 - Goal of clinic is to improve the quality of and access to healthcare for underserved populations, alleviating healthcare disparities.
 - This is currently accomplished through primary care services, recurring specialty nights, and education about community resources.
 - The clinic does not perform procedures. Current interventions include:
 - Screening
 - Referrals (Denver Health)
 - Attempt to enroll in insurance (Medicaid, Medicare)
 - Initial treatment with medication (GoodRx)
- •Current literature indicates that most student-run clinics do not perform procedures.1
- The cost of waiting until the disease progresses is significant
- Surgical intervention is not feasible due to cost, staffing, and resource constraints

Objectives

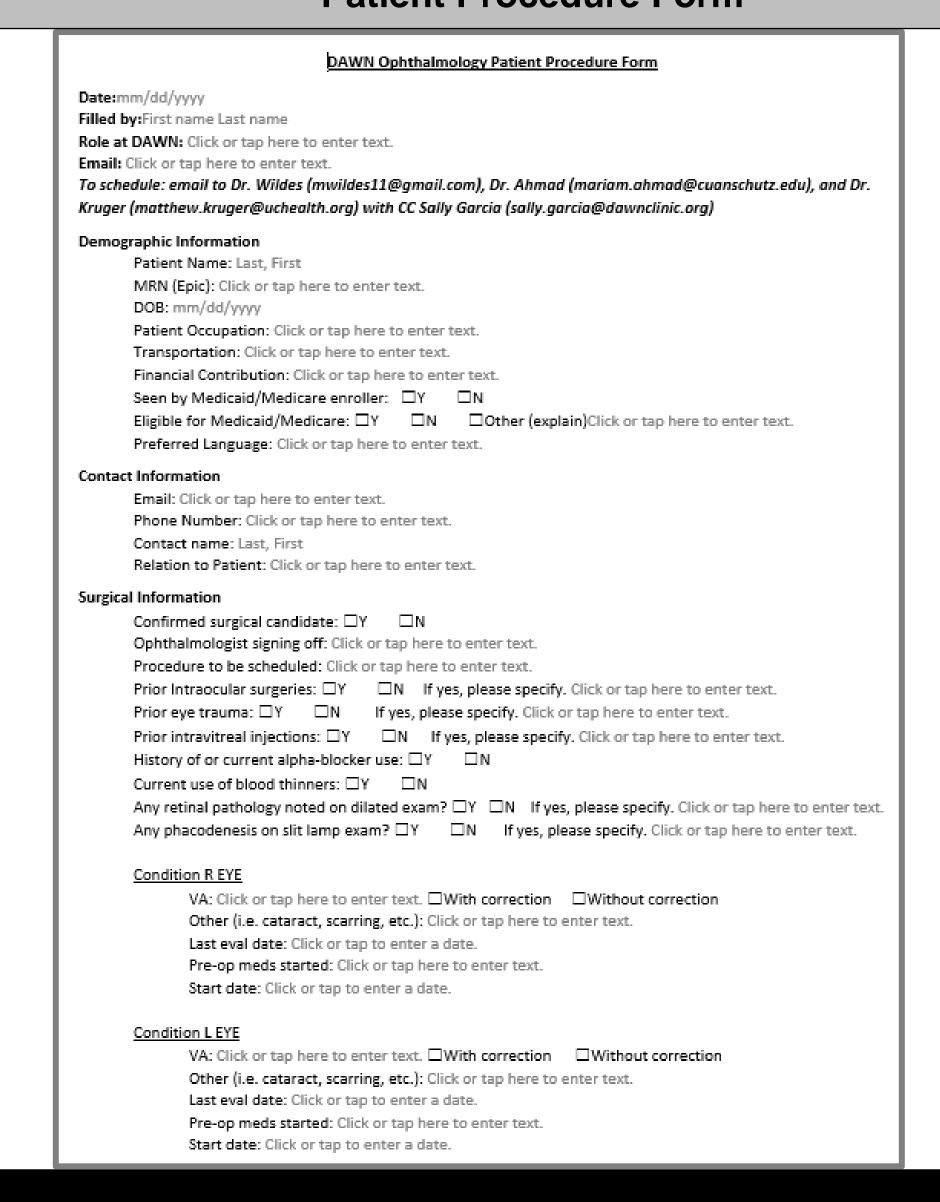
- •Conduct a needs assessment to determine which surgeries/procedures were needed within ophthalmology patients.
- •Collaborate with community partners to provide the most needed procedure.
- •Develop and implement a standardized process for tracking and scheduling patients for that procedure, improving access to care

Methods

- •Extensive ophthalmology patient chart review (Practice Fusion) from April 2016-April 2018
- Documentation of patient data
 - Demographics (including insurance status)
 - Diagnosis
 - Treatment plan
 - What was needed
 - What was already received
 - Comorbidities
- •Present findings to ophthalmology team and clinic leadership

Data Collection Data We found that 92 patients were seen for ophthalmologic issues during this time; of these, 24 patients (26%) needed surgeries or procedures: Cataract Surgery Laser Photocoagulation YAG Laser Surgery Miscellaneous includes one each: Macular OCT, Fluorescein angiogram, Pars plana vitrectomy, Retinoscopy for glasses/gonio, Bilateral PKP, Surgery for glaucoma (unspecified), PPV/SO Cataract surgery was the most prominent need (41.67%) of the procedures Standardized Process **Scheduling Protocol** DAWN Optho Pt Determined to need cataract Optho team leader/student Optho team leader assigned to Provider uses CPT code 92499 surgery during Ophtho appt at enters patient info into Teams schedule pt for surgery for charting in Epic spreadsheet Optho Team leader conduct informal appt or schedule a near-future f/u Scheduling Brief overview of procedure and Fill out DAWN Ophthalmology Procedure Form Give appropriate medications • Email to Dr. Wildes, Dr. Ahmad, Referral Clinic will perform pre-op Work with Care Coordination if and Dr. Kruger (CC Sally Garcia) to needed for additional resources Medicaid/Medicare enroller if schedule pt; document in Epic and (rides, translating, etc.) Medicaid/Medicar Medicaid/Medicare Refer pt to our Inform pt to see a = financial contribution will cover pre-op partner providers Follow-up Alert Care Coordination to contact patient for Document approximate future appt date in for 1-3mo post-op appt w/DAWN Document dates in Teams spreadsheet and Epid Teams spreadsheet and in Epic





Discussion

- •In order to increase access to care, a needs assessment must first be conducted to identify and address the specific need.
- •Due to student/resident/staff turnover, a sustainable, standardized process is needed.
- •This baseline standardized process can potentially be replicated for other specialty clinics at DAWN one the procedural need is determined.

Conclusions

- DAWN clinic can play a crucial role in preventative care, screening, and advanced treatment of ophthalmologic diseases, specifically cataract surgery.
- It is necessary that other student-run free clinics conduct needs assessments to determine what procedures need to be provided.
- The clinic can then leverage appropriate resources to increase access to procedures, and implementation of an established standardized protocol for tracking, scheduling, and follow-up is needed to successfully provide these services.
- The development of the protocol should involve collaboration with all reasonable constituents to ensure buy-in, different perspectives, and to allow for feedback and modification.

Reference

1. 'Presence and Characteristics of Student-Run Free Clinics in Medical Schools,' Smith, S, et al. JAMA. 2014; 312(22): 2407-2410. doi:10.1001/jama.2014.16066