

A sustainable telehealth clinic for people experiencing homelessness in Hampton Roads

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Introduction

- People experiencing homelessness (PEH) are at a significantly greater risk of severe illness and chronic disease and less likely to seek primary care or have health insurance compared to the general public.
- The onset of the COVID-19 pandemic in Spring 2020 placed a significant burden on PEH.
- Healthcare was less accessible to PEH:
 - EVMS Street Health was no longer able to hold monthly in-person clinics at Freemason Baptist Church.
 - Telehealth was less accessible to PEH due to disparities in Internet and technology access.

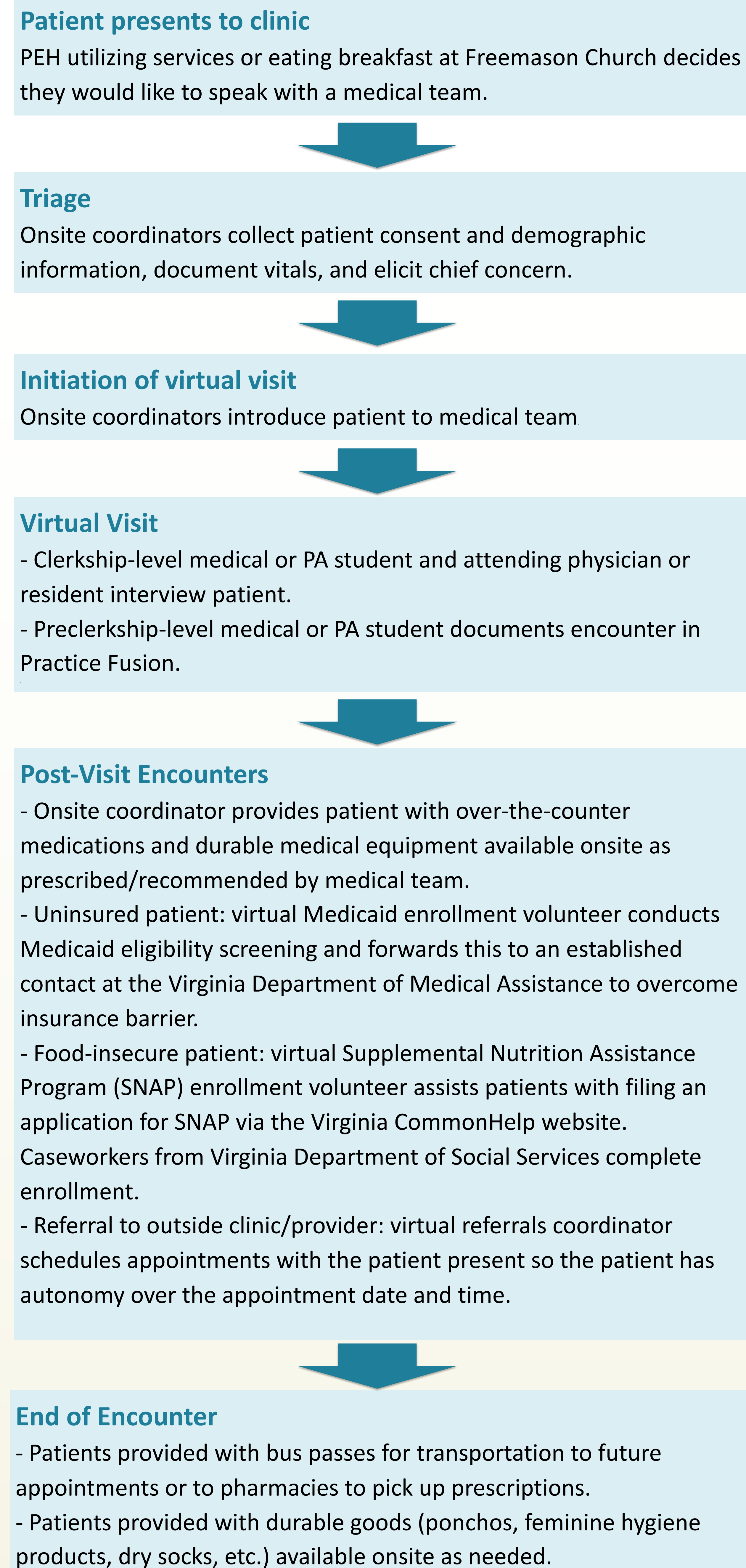
Goal: To enable the Norfolk, VA homeless community to continue receiving primary care during the COVID-19 pandemic.

Approach: Developed a telehealth-based primary care clinic by partnering with a trusted community resource to establish a centralized location for telehealth access.

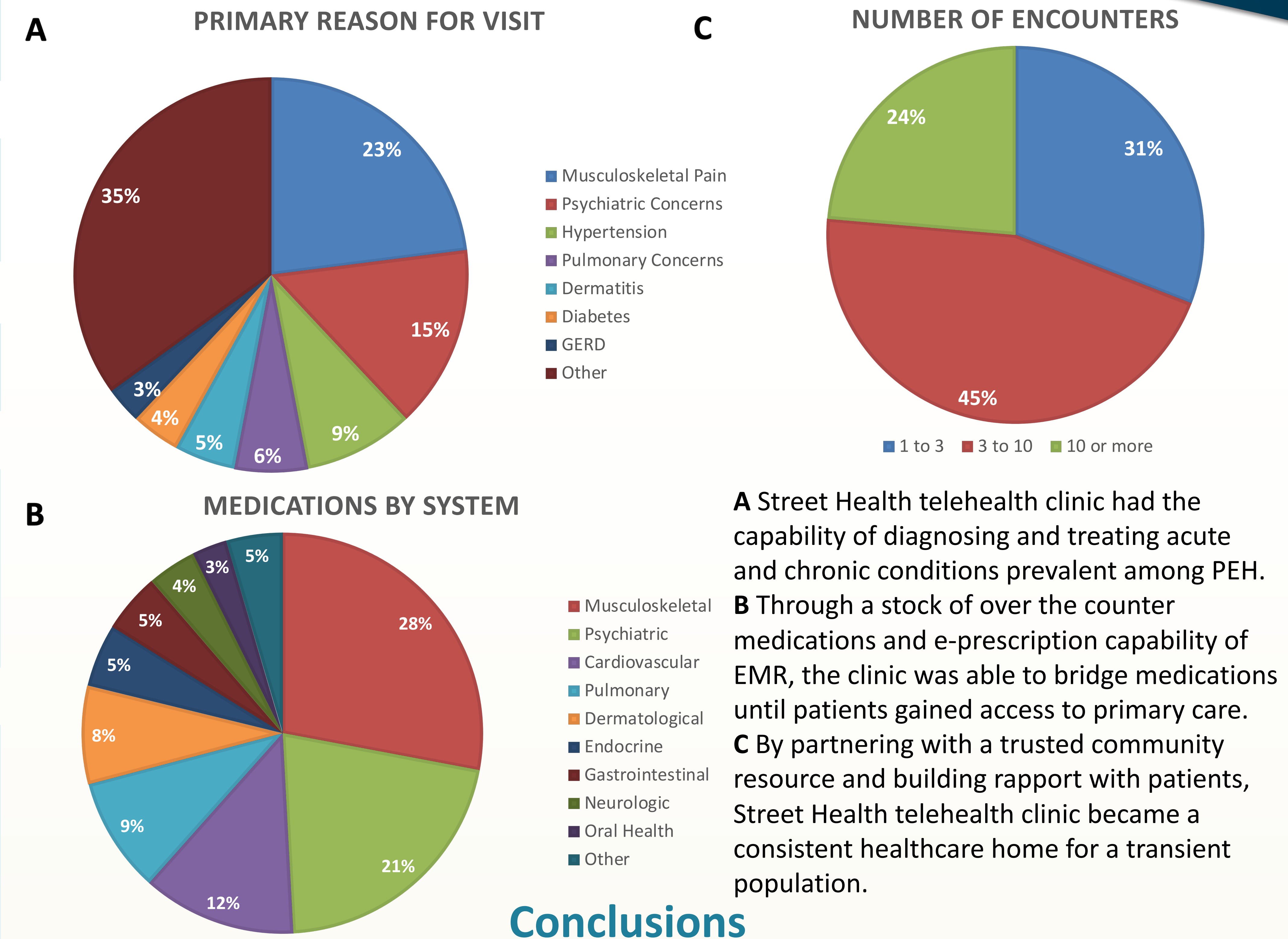
Clinic Design

- **Location:** Freemason Baptist Church, Norfolk, VA
- **Additional On-Site Resources:** Norfolk Street Choir, Art Therapy, Breakfast, Showers and Sanitary Facilities
- **Timing:** Once Weekly 8:30 AM to 10 AM
- **Clinic Roles:** Two onsite clinic coordinators linked digitally to clinical teams of two medical or physician assistant (PA) students and an attending physician.
- **Virtual Platform:** BlueJeans

Clinic Workflow



Results



A Street Health telehealth clinic had the capability of diagnosing and treating acute and chronic conditions prevalent among PEH. **B** Through a stock of over the counter medications and e-prescription capability of EMR, the clinic was able to bridge medications until patients gained access to primary care. **C** By partnering with a trusted community resource and building rapport with patients, Street Health telehealth clinic became a consistent healthcare home for a transient population.

Conclusions

By diagnosing conditions prevalent among PEH, providing medications and referrals, and enrolling eligible patients in Medicaid and SNAP, this intervention addressed the burden of chronic disease in the Norfolk homeless population during a time when community PCPs were less accessible.

Several unique aspects of this clinic model allowed us to successfully reach PEH without telehealth access:

- Clinic-provided devices used to connect with healthcare teams
- Limited on-site staffing to conduct physical examinations
- Accepted patients on walk-in basis
- Partnered with Norfolk Street Choir at Freemason Baptist Church
- Operated outside of homeless shelter

Creative telehealth initiatives aimed at overcoming digital disparities improve access to primary care in under-resourced populations.

References & Acknowledgements

Rhoades et. al., *J Soc Distress Homeless* 2017
 Maness & Khan, *Am Fam Physician* 2014
 Gavin Rogers, M.D., Devin Dwyer, M.S., Josh Edwards, Alena Stewart, Amanda Gibson, M.D.